Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		Identification Information									
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_						
		a one-participant plan	a foreign plan								
B This ret	turn/report is	the first return/report	e first return/report								
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	ım					
	_	special extension (enter descri	1 /								
Part II Basic Plan Information—enter all requested information											
1a Name of plan SLOPE 401(K) PLAN						ber 001					
			1c Effective	date of plan 01/01/2016							
	sponsor's name (employ		2b Employer	Identification Number							
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	46-4364697					
TERNPRO,		,, country, and Em or foreign pool	aar oodo (ii rereigii, ooo iii	on donorio,		s telephone number 88-483-8779					
					2d Business	code (see instructions)					
320 WESTLAKE AVE. SEATTLE, WA 98109					512100						
OL/TITLE, V	777 00 100										
3a Plan administrator's name and address ☒ Same as Plan Sponsor.					3b Administra	ator's EIN					
				3c Administrator's telephone number							
					3C Administra	ator's telepriorie number					
		plan sponsor or the plan name hasor's name, EIN, the plan name a			4b EIN						
	sor's name				4d PN						
C Plan I	Name										
5a Total	number of participants	at the beginning of the plan year			5a						
b Total	number of participants	at the end of the plan year			5b	10					
		account balances as of the end of			5c	10					
d(1) To	tal number of active par	ticipants at the beginning of the pl	lan year		5d(1)						
		ticipants at the end of the plan ye			5d(2)	8					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
		or incomplete filing of this return									
SB or Sch		ner penalties set forth in the instructed signed by an enrolled actuary, a blete.									
SIGN	Filed with authorized/	valid electronic signature.	09/03/2019	DANIEL J. BLOOM							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pl	an administrator					
SIGN											
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing as er	mployer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes	No
D	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 cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	า 5500.	_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instru	ıctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
a	Total plan assets	7a		89473				220857	
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		89473				220857	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)	(60471					
	(3) Others (including rollovers)	8a(3)	1:	25289					
b	Other income (loss)	8b		12452					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						173308	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		41292					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		632					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						41924	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						131384	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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)	oluntary F	iduciary Correction	10a		X			
b				IVa		^			
	reported on line 10a.)	•		10b		X			
	Was the plan covered by a fidelity bond?			10c	X			100	000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
	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.)					X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
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			10i					
					_	_			

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 date of the letter ruling granting the waiver							
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						
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?		Yes	× N	o			
	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 X	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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).

Complete all entries in accordance with the instructions to the Form 5500-SF

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

		Complete all entries in	accorda	nce with the mon	uctions to the Form 3	300-3F.			
Part I	Annual Repor	t Identification Information	1						
For calenda		fiscal plan year beginning		1/2018	and ending	12/3	31/2018		
▲ This ret	urn/report is for:	X a single-employer plan					ing this box must attach a ith the form instructions.)		
	•	a one-participant plan		oreign plan	projet illienialien illia				
B This retu	ırn/report is	the first return/report	the f	final return/report					
		an amended return/report	a sh	ort plan year return					
C Check I	oox if filing under:	Form 5558	aut	omatic extension		DFVC p	rogram		
		special extension (enter descri	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation	n					
1a Name of plan SLOPE 401(K) PLAN						1b Three plan (PN)	number		
						1c Effective date of plan 01/01/2016			
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)				oyer Identification Number 46-4364697		
-	town, state or proving PRO, INC.	nce, country, and ZIP or foreign post	tal code ((if foreign, see instru	uctions)	2c Spon	sor's telephone number		
220	WESTLAKE AVE					888-483-8779 2d Business code (see instructions)			
SEAT		WA 9810				512			
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.					3b Admi	Administrator's EIN			
						3c Administrator's telephone number			
		he plan sponsor or the plan name honsor's name, EIN, the plan name a				4b EIN			
a Spons		,				4d PN			
C Plan N	ame								
5a Total r	number of participant	s at the beginning of the plan year.				. 5a	g		
		s at the end of the plan year				5b	10		
c Numb	er of participants with	account balances as of the end of	the plan	year (only defined	contribution plans	5c	10		
•	,	articipants at the beginning of the pl				5d(1)	7		
d(2) Tota	al number of active p	articipants at the end of the plan ye	ear			5d(2)	8		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	C			
Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed to	unless reasonable ca				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and to a second to a s							
SIGN	ido, correct, and cor	J-J J-Bh	P	9/03/2019	Daniel J. Blo	om			
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signing a	as plan administrator		
SIGN	•								

Date

Signature of employer/plan sponsor
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

HERE

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Enter name of individual signing as employer or plan sponsor

If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is to covered under the PBGC premium filling for this plan year		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 Yes		No No
Britain Francial Information Part III Financial Information Financial Information Part III Financial Information Part III Financial Information Part III Financial Information Part III Part IV Plan Assets and Liabilities Part IV Plan Part IV P												
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 220, 85 a Total plan assets (abutacid line 75 from line 7a) 7c 89, 473 220, 85 c Net plan assets (subtract line 75 from line 7a) 7c 89, 473 220, 85 d Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(2) 60, 471 (2) Participaris 8a(2) 60, 471 (3) Others (including rollovers) 8a(3) 125, 289 b Other income (loss) 8a(3) 125, 289 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8e 173, 30 d Benefits paid (including direct rollovers and insurance promiums to provide benefits) 8d 41, 292 e Cortain deemed and/or corrective distributions (see instructions) 8d 41, 292 g Other expenses 8d 41, 292 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 632 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 8f 632 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 8f 8f 8f 8f 8f 8f g It the plan provides persion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 8 2 3 2 2 3 3 5 5 3 5 5 5 5 5 5 5 5 5 5 5	С								ш			
7		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See ii	nstruc	tions	3.)
a Total plan assets	Pa	rt III Financial Information										
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	r		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a		89,	473		• •		22	0,8	357
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	7b									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Ending rollovers. (5) Others (including rollovers). (6) Others (including rollovers). (7) Others (including rollovers). (8) Bb	С	Net plan assets (subtract line 7b from line 7a)	7с		89,	473				22	0,8	857
a Contributions received or receivable from: (1) Employers				(a) Amoun	t			(b)	Total			
(3) Other (including rollovers)	а	Contributions received or receivable from:	8a(1)	, ,		0		, ,				
b Other income (loss)		(2) Participants	8a(2)		60,	471						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		125,	289						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses g Other expenses (add lines 8d, 8e, 8f, and 8g)	b	Other income (loss)	8b		-12,	452						
e Certain deemed and/or corrective distributions (see instructions) Be f Administrative service providers (salaries, fees, commissions) Be f Administrative service providers (salaries, fees, commissions) Bf g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17	3,3	308
f Administrative service providers (salaries, fees, commissions)	d		8d		41,	292						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 417, 92 i Net income (loss) (subtract line 8h from line 8c) 8i 1311, 38 j Transfers to (from) the plan (see instructions) 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: 2E 2J 2F 2G 3D 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 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 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 107,00 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by firaud or dishonesty? 10c X 107,00 d Were any fees or commissions paid to any brokers, agents, or other persons by an insurrance carrier, insurrance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10g 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 250.01-3) 10h X	f	Administrative service providers (salaries, fees, commissions)										
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4	1,9	924
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: 2E 2J 2F 2G 3D 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: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 10c X 10,00 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 6 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	i	Net income (loss) (subtract line 8h from line 8c)	8i							13	1,3	384
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i									
Part V Compliance Questions	Pai	rt IV Plan Characteristics										_
Part V Compliance Questions 10 During the plan year: 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)	9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Coc	des in the ins	structions	S:		
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Code	es in the insti	ructions:			
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions										
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)						Yes	No		Amoun			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tions withi	n the time period					Amoun			
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		Х					
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х				1	0,0) O C
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.)	d				10d		Х					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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					Х					
h 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	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			_	_	
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g			,	10g		Х					
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)			10h		Х					
	i	·	•		10i							

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)				edule SI	В	Y	es	No
11a	Enter the unpaid minimum required contribution	s for all years from Schedule SB (For	m 5500) line 40		11a				
12	Is this a defined contribution plan subject to the ERISA?	= :		Code or section	1 302 of		Y	'es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 1	2d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for granting the waiver.	. ,			l enter t Day		of the lette Year	r ruling	
lf y	you completed line 12a, complete lines 3, 9, ar	nd 10 of Schedule MB (Form 5500),	and skip to lin	e 13.					
b	Enter the minimum required contribution for this p	olan year			12b				
	Enter the amount contributed by the employer to				12c				
d	Subtract the amount in line 12c from the amount negative amount)		-		12d				
е	Will the minimum funding amount reported on lin	ne 12d be met by the funding deadline	ə?			Yes	No	N/A	
Part	VII Plan Terminations and Transfer	s of Assets							
13a	Has a resolution to terminate the plan been adopted	d in any plan year?				Yes	X N	0	
	If "Yes," enter the amount of any plan assets that	at reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes X	No	
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred.								
1	13c(1) Name of plan(s):						13c(3) PN(s)	