Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Part I		: Identification Information	1						
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018				
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ad					
		a one-participant plan	a foreign plan						
b This ret	urn/report is	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 progra	m			
		special extension (enter desc	' '						
Part II	Basic Plan Info	ormation—enter all requested in	formation		T				
1a Name PEIZER & Z	•	SHARING & 401(K) PLAN			1b Three-digi plan numb (PN) ▶				
					1c Effective of	date of plan 07/01/1984			
		oyer, if for a single-employer plan)	2. Paul			Identification Number			
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign posi		structions)	(EIN)	91-1231539			
PEIZER & Z	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	3,	· · · · · · · · · · · · · · · · · · ·	2c Sponsor's telephone number 206-682-7700				
					2d Business	code (see instructions)			
10016 EDMOEDMONDS,	ONDS WAY, SUITE C	-310			541110				
LDINIONDO,	VV/ 00020								
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administra	itor's EIN			
					3c Administra	ator's telephone number			
					Administre	itor a telephone number			
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
	sor's name				4d PN				
C Plan N	Name								
5a Total	number of participants	s at the beginning of the plan year.			. 5a	4			
		s at the end of the plan year			. 5b	3			
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	3			
'	,	articipants at the beginning of the p			5d(1)	4			
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		. 5d(2)				
		o terminated employment during the			5e (
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is establish	ed.			
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.							
SIGN		d/valid electronic signature.	09/16/2019	MARTIN ZIONTZ					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as en	nplover or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)		Yes No	
С	If you answered "No" to either line 6a or line 6b, the plan cann 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 the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not	determined structions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
<u>a</u>	Total plan assets	7a	12	09565			12621	16	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	12	09565			12621	16	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)	:	20003					
	(2) Participants	8a(2)	(65262					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	=;	23713					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					615	52	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	providers (salaries, fees, commissions) 8f 9001							
g	ther expenses								
h	otal expenses (add lines 8d, 8e, 8f, and 8g)						90	01	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)						525	51	
j	Transfers to (from) the plan (see instructions)								
Pai	Part IV Plan Characteristics								
9a									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cteris	tic Cod	les in the instructions:		
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	100	X			4245	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X		1345	
	· ·			10c	Χ		2	50000	
d				10d		X		30000	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g				10g		X			
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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

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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.

2018

OMB Nos. 1210-0110

1210-0089

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			
Tor calendar plantyear 2010 or			an (not multiemployer) (f					
A This return/report is for:	X a single-employer plan	list of participating em	ployer information in ac	_				
5	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check box if filing under.	Form 5558	automatic extension	[DFVC program	1			
	special extension (enter des	cription)						
Part II Basic Plan Int	formation—enter all requested i	nformation						
1a Name of plan				1b Three-digit				
Peizer & Ziontz, P	.S. Profit Sharing &	401(k) Plan		plan numbe (PN)	001			
				1c Effective da 07/01/1	ite of plan			
	ployer, if for a single-employer plan)				tentification Number			
	nce, country, and ZIP or foreign pos . S .		uctions)	2c Sponsor's	elephone number			
720 Third Ave. Sui	te 1600			-	ode (see instructions)			
	CC 1000	F12	00104					
Seattle WA 98104 3a Plan administrator's name and address X Same as Plan Sponsor.				541110				
4 If the name and/or EIN of t	the plan sponsor or the plan name h	has changed since the last re	eturn/report filed for	4b EIN				
this plan, enter the plan sp	oonsor's name, EIN, the plan name			4.1				
a Sponsor's name C Plan Name				4d PN				
5a Total number of participan	ts at the beginning of the plan year			5a	4			
	ts at the end of the plan year			5b	3			
	h account balances as of the end o			5c	3			
d(1) Total number of active p	participants at the beginning of the p	olan vear		5d(1)	-4			
	participants at the end of the plan ye			5d(2)	3			
e Number of participants wh	no terminated employment during the	ne plan year with accrued be	nefits that were less	5e	0			
Caution: A penalty for the late	e or incomplete filing of this retu	m/report will be assessed	uniess reasonable cau					
Under penalties of perjury and on SB or Schedule MB completed belief, it is true, correct, and control of the second control of the	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, I declare that I have as well as the electronic ver	examined this return/report	ort, including, if a , and to the best of	pplicable, a Schedule of my knowledge and			
SIGN / July	I A	09/16/2019	Martin Ziontz					
HERE Signature of plan	administrator	Date		individual signing as plan administrator				
SIGN								
	loyer/plan sponsor	Date	Enter name of individu	al signing as emp				
For Paperwork Reduction Act No.	tice, see the Instructions for Form 550	10-SF.			Form 5500-SF (2018)			

b ,	Were all of the plan's assets during the plan year invested in eligible. 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 elther tine 6a or line 6b, the plan cannot fee the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	an independ and condition ot use Forn surance pro	ent qualified public accountant (IQPA) ns.) n 5500-SF and must Instead use For gram (see ERISA section 4021)?	X Yes
Pari 7 F	t III Financial Information		(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	1,209,565	1,262,1
	Total plan liabilities	7b		
	Net plan assets (subtract line 7b from line 7a)	7c	1,209,565	1,262,1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a (Contributions received or receivable from: (1) Employers	8 <u>a</u> (1)	20,003	
((2) Participants	8a(2)	65,262	
((3) Others (Including rollovers)	8a(3)		
b	Other Income (loss)	8b	-23,713	
C 1	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		61,5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Bd		
е (Certain deemed and/or corrective distributions (see instructions)	8e		
f /	Administrative service providers (salaries, fees, commissions)	8f	9,001	
g	Other expenses	8g		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9,00
h 1	Net income (loss) (subtract line 8h from line 8c)	81		52,5
_	Net income (loss) (subtract line on from line ac)			

Part V **Compliance Questions** During the plan year: Yes No **Amount** 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 1,345 10a Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х 10b reported on line 10a.) C Was the plan covered by a fidelity bond? X 250,000 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х 10d by fraud or dishonesty? 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 X 10e the plan? (See instructions:)..... f Has the plan failed to provide any benefit when due under the plan? X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h Х 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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VI Pension Funding Compliance								
Is this a defined benefit plan subject to minimum fun							Yes	No No
Enter the unpaid minimum required contributions for	all years from Schedule SB (Fo	orm 5500) line 40.	*(>(11a				
Is this a defined contribution plan subject to the min ERISA?	imum funding requirements of s	ection 412 of the					Yes	⊠ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d,	and 12e below, as applicable.)							
	-							ng
ou completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500	, and skip to line	e 13.					
Enter the minimum required contribution for this plan	year			12b				
				12c				
		-		12d				
Will the minimum funding amount reported on line 1.	2d be met by the funding deadling	ne?			Yes	No		I/A
VII Plan Terminations and Transfers o	f Assets							
Has a resolution to terminate the plan been adopted in a	my plan year?				Yes	×	No	
				13a				
						Yes	X No	
		other plan(s), ider	ntify the plan(s)	to				
3c(1) Name of plan(s):			13c(2)	EIN(s)		13c	(3) PN	(s)
	Is this a defined benefit plan subject to minimum funce. Is this a defined benefit plan subject to minimum funce. Enter the unpaid minimum required contributions for Is this a defined contribution plan subject to the minimum series. Is this a defined contribution plan subject to the minimum series. Is this a defined contribution plan subject to the minimum series. If a waiver of the minimum funding standard for a prigranting the waiver. If a waiver of the minimum funding standard for a prigranting the waiver. In the minimum required contribution for this plant. Enter the amount contributed by the employer to the subtract the amount in line 12c from the amount in line gative amount). Will the minimum funding amount reported on line 1. If "Yes," enter the amount of any plan assets that reviewer all the plan assets distributed to participants of control of the PBGC? If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instead	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 15500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 15500) and line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in thi granting the waiver. **Nou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500) Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadling it "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan easets distributed to participants or beneficiaries, transferred to an control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. Month Four completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? /// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB