Form 5500-SF Short Form Annual Return/Report of Small En Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089		
Inter	nal Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee R		2018		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Revenue Code (the Co		Internal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.	T ublic inspection		
Part I		Identification Information		and anding 11	2/24/2040			
For calenda	ar plan year 2018 of the	scal plan year beginning 01/01/2			2/31/2018 Filora abaal	king this hav must attach a		
A This ret	turn/report is for:	X a single-employer plan	list of participating e	employer information in ac		king this box must attach a vith the form instructions.)		
B This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/repor					
•		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter desc						
Part II		rmation—enter all requested in	formation		41			
1a Name	of plan PROFIT SHARING PL	AN			1b Thre plan	e-digit number		
ADDIX, INC.					(PN)			
					1c Effect	tive date of plan 01/01/2002		
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) 91-2058873					
City or ABBK, INC.	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BBK, INC.				2c Sponsor's telephone number			
					2d Business code (see instructions)			
1366 91ST A CLYDE HILL					522292			
	., WA 50004							
3a Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the r	name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	t return/report filed for	4b EIN			
	lan, enter the plan spor or's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan N					TU FN			
5a Total	number of participants	at the beginning of the plan year.			5a	3		
		at the end of the plan year			5b	4		
	· ·	account balances as of the end of			5c	3		
•	,	rticipants at the beginning of the p			5d(1)	3		
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	4		
		terminated employment during the			5e	0		
Caution: A	A penalty for the late of	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	use is estal	blished.		
SB or Sche		ner penalties set forth in the instru nd signed by an enrolled actuary, a plete						
SIGN		valid electronic signature.	09/23/2019	ALBERT WILLIAMS				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN		valid electronic signature.	09/23/2019	ALBERT WILLIAMS				
HERE	Signature of emplo		Date	Enter name of individ	ual signing	as employer or plan sponsor		
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2018)		

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-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions on waiver eligibility and conditions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions on waiver eligibility and conditions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? Image: Comparison of the plan's assets during the plan's asset during the plan's ass							
С	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 th	e PBGC pre	emium filing for this plan year	(See instructions.)				
P2	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
7 7	Plan Assets and Liabilities	7a	(a) Beginning of Year 715249	(b) End of Year 690594				
7	Plan Assets and Liabilities Total plan assets							
7 2 b	Plan Assets and Liabilities Total plan assets	7b						

8a(1)	0	
90(2)		
8a(2)	0	
8a(3)		
	-24655	
		-24655
8d	0	
8e	0	
8f	0	
8g	0	
8h		0
8i		-24655
··· 8j	0	
	· · · ·	
n feature co	odes from the List of Plan Characteris	stic Codes in the instructions:
feature coo	des from the List of Plan Characterist	ic Codes in the instructions:
	8b 8c 8d 8e 8f 8f 8h 8i 8j	8b -24655 8c 8d 8d 8e 8f 8g 8h 8i

Part	t V	Compliance Questions				
10	Duri	ng the plan year:		Yes	No	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х	
С	Wa	s the plan covered by a fidelity bond?	10c	Х		50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused raud or dishonesty?	10d		X	
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance fer, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		×	
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		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х	
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet (Form 5500) and line 11a below)							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		ing
lf	you o	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?	ght under the			Yes	X 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) PN	۱(s)

Form 5500-SF	Short Form Annual		Small Employee	9	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 and	d 4065 of the Employee	-	2018
Department of Labor Employee Benefits Security Administration	- Retirement Income Security A the Int	ct of 1974 (ERISA), and sec ernal Revenue Code (the C	ction 6057(b) and 6058(a) ode).		orm is Open to Public Inspection
Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instruct	ions to the Form 5500-S	F.	
	dentification Information	01 /01 /0010	and anding	12/31/201	9
or calendar plan year 2018 or fisc	In the second	01/01/2018	and ending		
This return/report is for:This return/report is:	x a single-employer plan a one-participant plan the first return/report	a list of participating en a foreign plan the final return/report	n (not multiemployer) (File ployer information in acco /report (less than 12 moni	ordance with th	ne form instructions.)
Check box if filing under:	I an amended return/report I Form 5558	automatic extension	Meport (less than 12 mon		rogram
	special extension (enter descri	ption)		· · · · ·	
Part II Basic Plan Infor a Name of plan ABBK, INC. PROFIT S	rmation enter all requested in HARING PLAN	nformation		1b Three-digit plan numb (PN) ► 1c Effective d	er 001 ate of plan
Mailing Address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C æ, country, and ZIP or foreign post	D. Box)			Identification Number -2058873
ABBK, INC.				2c Sponsor's (206) 2	telephone number 164-1325
1366 91ST AVENUE NE				2d Business 522292	code (see instructions)
US CLYDE HILL WA 98004	nd address 🕱 Same as Plan Spo	onsor		3b Administra	ator's EIN
				3c Administra	ator's telephone number
If the name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	4b EIN	
this plan, enter the plan spor a Sponsor's name c Plan Name	nsor's name, EIN, the plan name a	and the plan number from th	e last returniteporti	4d PN	
				5a	3
a Total number of participants	at the beginning of the plan year			5b	4
 Number of participants with 	at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plans	5c	3
complete this item)	rticipants at the beginning of the pl	***************************************	F	5d(1)	3
d(2) Total number of active pa	rticipants at the end of the plan yes	ar		5d(2)	4
less than 100% vested	terminated employment during the			5e	0
	e or incomplete filing of this retu other penalties set forth in the instr- tind signed by an enrolled actuary, oplete.				
	Hilland		ALBERT WILLIAMS		
HERE Signature of Man ad		Date? /23/19	Enter name of individual	signing as pla	n administrator
SIGN HERE Signature of employed	and and the	Date/23/19	Enter name of individual	signing as em	ployer or plan sponsor
For Paperwork Reduction Act	t Notice, see the instructions for	Form 5500-SF.			Form 5500-SF (20 v.1710

Page 2

X Yes No

XYes 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.)
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Part III Financial Information								
7 Plan Assets and Liabilities	A DECEMBER OF	(a) Beginning of	Year			(b) End of Year		
a Total plan assets		715	5,249			690,594		
b Total plan liabilities			0			0		
C Net plan assets (subtract line 7b from line 7a)		715	5,249			690,594		
8 Income, Expenses, and Transfers for this Plan Year	State of the	(a) Amount				(b) Total		
a Contributions received or receivable from: (1) Employers	8a(1)		0					
(2) Participants	8a(2)		0	1	3112			
(3) Others (including rollovers)	8a(3)			1				
b Other income (loss)	8b	(24	,655)	34				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					(24,655)		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	S		0					
e Certain deemed and/or corrective distributions (see instructions	s) 8e		0	04	E-SAUL			
f Administrative service providers (salaries, fees, commissions)	8f		0	18				
g Other expenses	8g		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)			in second		0			
I Net income (loss) (subtract line 8h from line 8c)	101		1348	1C374		(24,655)		
j Transfers to (from) the plan (see instructions)			0	Ťo	A DINE			
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2E 3D b If the plan provides welfare benefits, enter the applicable welfare 								
Part V Compliance Questions						Amount		
10 During the plan year:		<u> </u>	Y	s No	N/A	Amount		
 Was there a failure to transmit to the plan any participant cor described in 29 CFR 2510.3-102? (See instructions and DOL Program) 	_'s Voluntary Fidu	ciary Correction	10a	x				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	erest? (Do not in	clude transactions	10b	2	- 199	50.00		
C Was the plan covered by a fidelity bond?			10c 3	<u>د</u>	1.2.0	50,00		

C	Was the plan covered by a fidelity bond 7			Concession in which the	
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	「福田」	
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	X	100	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	x	20	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x		
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			and the second second

Form 5500-SF 2018

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Page **3 -**

Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete So (Form 5500 and line 11a below)		Yes X N	io
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 sect ERISA?		Yes 🕱 N	lo
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month	nd enter the Day	e date of the letter ruling Year	
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		
c	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		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	📋 Ye	es 🔲 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 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 under th control of the PBGC?	e [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(which assets or llabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s): 13c(2) E	IN(s)	13c(3) PN(s)	