	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inter	nal Revenue Service	This form is required to be filed			Limployee 1210-0089 ployee Retirement 2018 a) of the Internal This Form is Open to Form 5500-SF. This Form is Open to ployer) (Filers checking this box must attach a tion in accordance with the form instructions.) ployer) (Filers checking this box must attach a tion in accordance with the form instructions.) han 12 months) □ DFVC program Ib Three-digit plan number (PN) ▶ 002 002 1c Effective date of plan 01/01/1994 002 2b Employer Identification Number (EIN) 91-6158442 2c 2c Sponsor's telephone number 206-682-2616 2d 2d Business code (see instructions) 541110 541110 3b Administrator's EIN 3c Administrator's telephone number d for port. 4b EIN 3a mas 5c 2 2 5b 3 3 3	
Employee B	epartment of Labor enefits Security Administration	e).	Internal			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 55	00-SF.	
Part I		dentification Information	04.0			
For calend	ar plan year 2018 or fisc					days the hand set of the share
A This ret	turn/report is for:	X a single-employer plan	list of participating e			-
B This ret	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
•	l	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram
		special extension (enter descr				
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			
1a Name	•					
FLAHERTY	& BERNARDI, PLLC 40	1(K) PROFIT SHARING PLAN				
					1c Effec	•
2a Plans	ponsor's name (employe	er, if for a single-employer plan)			2h Emp	
Mailing	g address (include room	, apt., suite no. and street, or P.O., country, and ZIP or foreign posta		tructions)		-
	& BERNARDI, PLLC	, country, and zir of foreign post	ai code (il loreign, see ins		2c Spor	
					2d Busir	ness code (see instructions)
3600 - 15TH SUITE 205	AVE. W.,					541110
SEATTLE, W	/A 98119					
3a Plan a	dministrator's name and	I address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telenhone number
A 16 th a .				notions (non out file d for		
		plan sponsor or the plan name ha sor's name, EIN, the plan name a				
a Spons c Plan N	or's name				4d PN	
	lane					
5a Total	number of participants a	t the beginning of the plan year			5a	3
b Total number of participants at the end of the plan year						3
		ccount balances as of the end of t			5c	2
d(1) ⊤ot	al number of active parti	cipants at the beginning of the pla	an year			3
		icipants at the end of the plan yea			5d(2)	3
		erminated employment during the			5e	0
Caution: A	A penalty for the late or	r incomplete filing of this return	n/report will be assessed	d unless reasonable cau		
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruct d signed by an enrolled actuary, a sto	ctions, I declare that I have as well as the electronic ve	e examined this return/repersion of this return/report	port, includi a, and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN		alid electronic signature.	10/04/2019	GRIFFITH F. FLAHER	TY	
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signina	as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027 h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

Part IV Plan Characteristics

2F

2E

2A

Transfers to (from) the plan (see instructions).....

2G 2J 2K 2R 2T 3D

j

9a

b

2851

-21831

6a	Were all of the plan's assets during the plan year invested in eligib		, , , , , , , , , , , , , , , , , , ,	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	tions.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead us	e Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium 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	299954	278123
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	299954	278123
-				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	(b) Total
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total
	Contributions received or receivable from: (1) Employers	,	0	(b) Total
	Contributions received or receivable from: (1) Employers	8a(2)	0	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	0	(b) Total
a	Contributions received or receivable from: (1) Employers (2) Participants	8a(2) 8a(3) 8b	0	
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	0	
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	0	

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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		X	
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		25000
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	
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 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			

Page **3-** 1

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				
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)		130	:(3) PN	l(s)

Filing Authorization for the 2018 Form 5500-SF

EIN / PN: 91-6158442/002

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

12019 Date: Plan Administrator

				And Antonio and
Form 5500-SF	Short Form Anno	ual Return/Report	of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service			65 of the Employee Retirement	2018
Department of Labor Employee Benefils Security Administration		4 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the Internal	This Form is Open to Public Inspection
Pansion Benefit Guaranty Corporation			ctions to the Form 5500-SF.	A real procession of the second
	t Identification Information			and the second secon
For calendar plan year 2018 or	THE POIL OF THE PO	01/01/2018	Contraction of the second s	/31/2018
A This return/report is for;	X a single-employer plan		n (not multlemployer) (Filers che bloyer information in accordance	
B This return/report is	a one-participant plan			
	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:	X Form 5558	automatic extension		program
Part II Basic Plan Infe	ormation-enter all requested in	and an illustration of the second sec	W ^{arde} Harrison and the second s	
1a Name of plan	Jimanon-ener all requested li	niomation	th Th	ree-digit
	RDI, PLLC 401(k) PRO	FIT SHARING PLAN	pla	an number
			The second se	002
				fective date of plan 1/01/1994
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)	- (HE	nployer Identification Number
City or town, state or provin FLAHERTY & BERNA	ce, country, and ZIP or foreign pos RDI, PLLC	stal code (if foreign, see instru	20 5	oonsor's telephone number 06 - 682 - 2616
3600 - 15TH AVE.	W.,		2d Bu	isiness code (see instructions)
SUITE 205	613 0.0.1	3.0	5	
SEATTLE	WA 981	1. The second second second sector of the	Contraction of the second s	41110
3a Plan administrator's name a	and address 🔣 Same as Plan Spo	onsor,	3b Ad	Iministrator's EIN
			3c A	iministrator's telephone numbe
4 If the name and/or EIN of th	ne plan sponsor or the plan name	has changed since the last re	turn/report filed for 4b E	IN
	onsor's name, EIN, the plan name	and the plan number from th	e last return/report.	
a Sponsor's name C Plan Name			-40 P	И
ومستقدمتها ويلتر تشتهر والمكاري والمحالي	محيل فالتكف وساقت والمسادية والمساوحات	A CONTRACTOR OF THE OWNER OF THE	سيبي سيول وسيتو بستوسية التحك سيوتس	an a
5a Total number of participant	s at the beginning of the plan year			and the second s
	s at the end of the plan year			
	account balances as of the end o			and the second second second second
	articipants at the beginning of the			5
	articipants at the end of the plan y		and the state of the	Contraction of the second s
	o terminated employment during t		Contraction of the second s	Contraction of the second
than 100% vested	or incomplete filing of this retu	an an an training the termination of the	and a superior and a superior of the superior	the local sector of the lo
Under penalties of perjury and c SB or Schedule MB completed :	other penallies set forth in the instr and signed by an enrolled actuary	ructions, I declare that I have	examined this return/report, inc	luding, if applicable, a Schedul
belief. It is true, correct, and con	Dilant	10/4/2019	Griffith F. Flaher	ty
11/14/	TTO/ AMAN		And the second se	A CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE OWNER
SIGN CAND-	administrator		Enter name of individual sign	ing as plan administrator
SIGN HERE Signature di plan	administrator	Date	Enter name of Individual sign	1 1
SIGN HERE Signalule Splan	administrator		Griffith F F!	ing as plan administrator

Form 5500-SF (2018)

1.030.0

b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520_104-46? (See instructions on waiver eligibility a	an indepe	ndent qualified public ac	countai	nt (IQF	PA)	
	If you answered "No" to either line 6a or line 6b, the plan cann						
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA sec	tion 40	21)? ,.	🗌 Yes	No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this pla	in year	-	Non-	(See instructions.)
Par	t III Financial Information	and in the second s		100-00-00-0	*****		
and the second se	Plan Assets and Liabilities		(a) Beginning o	f Year	l.	÷.	(b) End of Year
a	Total plan assets	7a	And the second s	299,9	54	-	278,123
	Total plan liabilities	7b	1				and the second
1 million 1	Net plan assets (subfract line 7b from line 7a)	_ 7c		299,9	54		278,123
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from; (1) Employers	8a(1)			0		
	(2) Participants	8a(2)		-	0	Wel America Pille	and the second second second second
- Contact	(3) Others (including rollovers)	8a(3)	and the statement of superior statement	1947 A. 20	and a	And the second second	
b	Other income (loss)	86		-18,9	80	construction of	Constanting and the efficiency of the second se
an++117 C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		and the second		and the second second	-18,980
	Benefits paid (Including direct rollovers and insurance premlums to provide benefits)	8d	The second s				and the second
е	Certain deemed and/or corrective distributions (see instructions)	8e	Contraction of the second s				
f	Administrative service providers (sataries, fees, commissions)	8f					the dependent of the second seco
g	Other expenses	8g		2,8	151		
Contraction of the local division of the loc	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Ast.				2,851
	Net income (loss) (subtract line 8h from line 8c)	81		- Antonio			-21,833
1	Transfers to (from) the plan (see instructions)	81		- and the second second		24.	and the second state of the second second
Par	t IV Plan Characteristics	Reprint and Address of			Carlor -		and the second
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	feature c	odes from the List of Pla	in Char	acteris	stic Codes I	n the Instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Plar	n Chara	cterisi	ic Codes in	the instructions:
Part	V Compliance Questions						
10	During the plan year:			all and a second	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510,3-102? (See Instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		x	
b		17 (Do no	t include transactions	10b		x	
С	Was the plan covered by a fidelity bond?	All tables to be	and the second se	10c	X		25,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	i milit	x	
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther personne or all o	ons by an insurance of the benefits under	10e		x	
f				10f	1	X	
g	Did the plan have any participant loans? (If "Yes," enter amount	1.4.20		100000		X	tumper of second se
200 A. 100 C.	If this is an individual account plan, was there a blackout period? 2520,101-3.	(See ins	tructions and 29 CFR	10g	1	x	n Gentra e H≇rresse en
f	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	101	l		

1000	Form 5500-SF (2018) Page	3-					(T)
AL	The second s						Mar Marchard
art	rt VI Pension Funding Compliance	The cardine sea			arrant.		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instr (Form 5500) and line 11a below)						Yes 🗍 N
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55			11a			
12	 Is this a defined contribution plan subject to the minimum funding requirements of section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 						Yes 🗶 N
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver.		a. Month	enter l Day		the let Year	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500); and			-			C. 1000-12-
b	b Enter the minimum required contribution for this plan year and an another and an another and an another and a	14711	in the second	12b			
C	C Enter the amount contributed by the employer to the plan for this plan year			12c	1		
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minunegalive amount).			12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	ANAL PROMINENT	man wood in the second		Yes	No	N/A
art	t VII Plan Terminations and Transfers of Assets	Freedore Skiller	the strength of the	the local second			
13a	a Has a resolution to terminate the plan been adopted in any plan year?	-	Sestion To music intercome	t.	Yes	X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		1945 411	1 Am . 42
b		plan, or t	prought under the] Yes	X No
С							
1	13c(1) Name of plan(s):		13c(2	EIN(s)		130	(3) PN(s)
					5,1		
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