Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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 calen	dar plan year 2018 or fis	scal plan year beginning 01/01/20	_		2/31/2018				
A This re	eturn/report is for:	X a single-employer plan	—	olan (not multiemployer) (mployer information in ac					
		a one-participant plan	a foreign plan						
B This re	eturn/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	am			
		special extension (enter descrip	<u> </u>						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name RICHTER I	•	SULTING LLC 401(K) PROFIT SHA	ARING PLAN		1b Three-dig plan num (PN) ▶	ber 001			
						date of plan 01/01/2012			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Roy)			Identification Number			
City o	or town, state or province	e, country, and ZIP or foreign postal		structions)	(EIN) 2c Sponsor'	27-3000847 s telephone number			
RICHTER I	NTERNATIONAL CONS	BULTING LLC			4	25-961-0446			
317 NW GII	LMAN BLVD., SUITE 51	l			2d Business	code (see instructions)			
ISSAQUAH, WA 98027					524210				
3a Plan administrator's name and address				3b Administrator's EIN					
					30 Administr	ratar'a talanhana numbar			
					3C Administr	rator's telephone number			
A 16.0					4h en				
		e plan sponsor or the plan name has nsor's name, EIN, the plan name an			4b EIN				
•	sor's name				4d PN				
C Plan	Name								
5a Total	I number of participants	at the beginning of the plan year			. 5a				
b Total	I number of participants	at the end of the plan year			5b	5			
		account balances as of the end of th			5c	5			
d(1) ⊤o	otal number of active par	rticipants at the beginning of the pla	n year		5d(1)				
		rticipants at the end of the plan year			5d(2)	4			
		terminated employment during the			5e 0				
Caution:	A penalty for the late of	or incomplete filing of this return/	report will be assessed	d unless reasonable cau					
SB or Sch		ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete.							
SIGN	Filed with authorized/	valid electronic signature.	10/05/2019	DAVID RICHTER					
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing as p	an administrator			
SIGN	Filed with authorized/	valid electronic signature.	10/05/2019	DAVID RICHTER					
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor			

Form 5500-SF (2018) Page **2**

	 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 No
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (determined structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Eı	nd of Year	
а	Total plan assets	7a	55	52804				5209	80
b	Total plan liabilities	7b		459					0
С	Net plan assets (subtract line 7b from line 7a)	7c	55	52345				5209	80
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		28917		, ,			
	(2) Participants	8a(2)	3	37000					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-4	43260					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22657			57
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	ŧ	50649					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		3373					
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						540	22
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-313	65
j	Transfers to (from) the plan (see instructions)	8j	8j 0						
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	des in the in	structions:	
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	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ				75000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	n?		10f		X		_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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					

Form 5500-SF (2018)	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 complete Schedule SB (Form 5500) and line 11a below)								
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 302 of ERISA?								
	(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 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 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 the control of the PBGC?								
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 liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)				

Form 5500-SF

Decertment of the Treasury Informal Revenue Service

Department of Labor Employee Sensitis Security Administration

Part I

Pension Benefit Guaranty Comoration

Maverius Service

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 section 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.

Annual Report Identification Information

OMB Nos. 1210-0110 1210-0069

2018

This Form is Open to Public Inspection

For	calendar plan year 2018 or fi	scal plan year beginning	01/01/0010	and an it	00.75						
		x a single-employer plan	01/01/2018	and ending		1/2018					
A	This return/report is for:	A single-employer plan	a multiple-employer	plan (not multiemployer)	not multiemployer) (Filers checking this box must attach byer information in accordance with the form instructions.)						
		a one-participant plan	a foreign plan	employer unormation in	accordance	with the fo	m instructions.)				
B	This return/report is:	the first return/report	the final return/repo	+							
		an amended return/report		-							
		_ an amorood returnitabout	a short plan year re	urn/report (less than 12 n	nonths)						
C	Check box if filing under:	x Form 5558	automatic extension		По	FVC progra	m				
		special extension (enter descr	iption)		П	, a progra					
P	art II Basic Plan Info	ormation enter all requested									
	Name of plan	ringtion enter an requested	information		43	12.41					
	•				1b Thr	ee-digit number					
	THE THE THE CLOS	nal Consulting LLC 401()	k) Profit Sharing	Plan	(PN		001				
					1c Effe	ctive date o	plan				
2a	Plan sponsor's name (amale	man if for a single sound in a			01/	01/2012					
	Maining Mudiess (Include too	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.(D. Box)		2b Emp	oloyer Idonti	fication Number				
	City or town, state or province	ce, country, and ZIP or foreign post	al code (if foreign, see in	structions)	(EIN	1) 27-30(00847				
	Richter Internation	nal Consulting LLC			2¢ Spo	nsor's telepi	none number				
						5) 961-(
	317 NW Gilman Blvd.	., Suite 51			ZO Busi	iness code (210	see instructions)				
	US Issaquah WA 98027				J. 3	220					
3a		nd address X Same as Plan Spo			AL						
	The second secon	nd addited in Some as ream apo	risor		3D Adm	inistrator's [EIN				
					3c Administrator's telephone number						
4	If the name and/or EIN of the	plan sponsor or the plan name ha	e changed since the last	enhantenant flad for	4b EIN						
	this plan, enter the plan spor	nsor's name, EIN, the plan name ar	nd the plan number from	he last return/report.	4D EIN						
a	Sponsor's name				4d PN						
C	Plan Name										
5a	Total number of participants:	at the beginning of the plan year	180444144 4444411177004000111		5a		6				
D	loss number of participants	at the end of the plan year	······································	***************************************	5b		5				
C	Number of participants with a	account balances as of the end of the	ne plan vear (only define	Contribution alone	5c						
-1/4	Table this item)	***************************************	**********************	***********************			5				
		icipants at the beginning of the plan		***************************************	5d(1)		4				
d(2	 Total number of active part 	icipants at the end of the plan year	*************************		5d(2)		4				
0	Number of participants who to	erminated employment during the p	olan year with accrued be	nefits that were							
	less than 100% vested		*************************	****************	5e		0				
Cau	tion: A penalty for the late of	or incomplete filing of this return	report will be assesse:	l unless reasonable cau	se is estal	blished.					
Und	er penalties of partury and all	her penalties set forth in the instance	Sonn I danken that I have	a accomplished 49 to the local control			able a Schedule				
	or schedule MB completed ar of, it is true, correct, and comp		s well as the electronic vi	mion of this return/report	, and to the	best of my	knowledge and				
	1000										
SIC				David Richter							
ne	RE Signature of plan admi	nistrator	Date 10-5-19	Enter name of individual	signing as	plan admini	strator				
SIC				David Richter							
HE	RE Signature of employer	plan sponsor	Date 10-5-19	Enter name of individual	signino as	employer o	plan sponsor				
C	Description of the second				9 30	deral at the	Franchauton				

Form	EEOO	CE	2040	
rorm	- ออบบ-	-SE	2018	

Page 2

-										
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)					X Yes [
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public ass							
	under 29 CFR 2520. 104-46? (See instructions on waiver eligibility;	and condition	ns)				***************************************	X Yes	¬ _{No}	
	you districted tho to either line ba or line bb, the plan cann	ot use Form	1 5500-SF and must it	netos	due	Form	- EE00			
С	if the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA sec	tion 4	021)?	******	Yes	□ No □ Not det	ermine	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this yea	ar				(See instruct		
P	art III Financial Information								10113.7	
7	Plan Assets and Liabilities		(=) P = -1 - 1			_				
а	Total plan assets	7-	(a) Beginning				(k) End of Year		
b	Total plan liabilities	7a 7b		552,		+	520,98			
С	Net plan assets (subtract line 7b from line 7a)	76 7c			459	_			0	
8	Income, Expenses, and Transfers for this Plan Year	76		552,	345	-		520,9	80	
а	Contributions received or receivable from:		(a) Amour	ıt		-		(b) Total		
_	(1) Employers	8a(1)		28,	917					
-	(2) Participants	8a(2)		37,0	000	1 51				
b	(3) Others (including rollovers)	8a(3)			0	183				
	Other income (loss)	8b	(4	3,20	50)			H A STANISH		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- a H.				22,6	 57	
	to provide benefits)	8d		E0 4	540		3/6/13			
е	Certain deemed and/or corrective distributions (see instructions)	8e		50,6	0				70,01	
f	Administrative service providers (salaries, fees, commissions)	8f		3 3		1000				
g	Other expenses	8g		3,373						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11500					872	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						54,02		
i	Transfers to (from) the plan (see instructions)	8j			0	Con	L THE STREET	(31,365)	
Pa	rt IV Plan Characteristics	-,								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Dian (26.000	-41-1		1 1 1 1			
	2A 2E 2J 3D		Trom the List of Flam	Jilara	clerisi	IC CO	tes in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fi	rom the List of Plan Ch	naract	eristic	Code	es in the ins	structions:		
	rt V Compliance Questions									
10	During the plan year:			_		T				
а	Was there a failure to transmit to the plan any participant contribut	ions within th	ne time period	-	Yes	No	N/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fiduc	iary Correction							
	Program)			10a		x	13/6			
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	udo troposatione	10b		x				
C	Was the plan covered by a fidelity bond?	•••••	200000000000000000000000000000000000000	10c	x		7.5			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond,	that was caused		Α.			/5	,000	
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons by	/ an insurance	10d		X			(
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?			10e 10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	no and 20 CED						1-3-41	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required pe	tion or one of the	10h		х				
		J	******************************	10i			JAN 6			

Earm	5500-	O.	204	0
CILII	JJUU-	-ar	201	റ

Page 3 -	

Par	t VI	Pension Funding Compliance							
11		Pension Funding Compliance							
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a		chedule	SB	☐ Y	es 🗶	No	
11a		to cripate minimum required contributions for all years from Schedule SB (Form 5500) line 4	n	44-					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							No	
a		- 120, 120, 120, 120, and 120 pelow, as applicable							
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions, a	and ente	r the date	of the le	tter ruli	ng	
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	Da	y	Year			
b	Enter th	e minimum required contribution for the direction of the	e 13.						
	Lintoi ti	e minimum required contribution for this plan year		12b					
	Enter th	e 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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A				
Part		Plan Terminations and Transfers of Assets							
_13a	Has a re	esolution to terminate the plan been adopted in any plan year?		Г	7 Yes				
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	************************	13a	_ res	X N	lo		
b	Were all	the plan assets distributed to participants or heneficiaries, transferred to another plan as		13a					
	OUTILI OF C	1 UTC DOC!		1	□ Y	es X	No		
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13	c(1) Nan	ne of plan(s):	120/2) EII	N/o)		40.70			
	13c(2) EIN			14(2)		130(3)	PN(s)		