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		t Identification Information				
For calenda	ar plan year 2018 or t	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	urn/report is for:	X a single-employer plan			_	
_		a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box r list of participating employer information in accordance with the form in a foreign plan the final return/report a short plan year return/report (less than 12 months)			
B This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check b	oox if filing under:	X Form 5558	automatic extension	1	DFVC progr	am
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name RICHTER IN	•	NSULTING LLC DEFINED BENEFIT	T PLAN		1b Three-di plan nun (PN) ▶	_
					1c Effective	date of plan 01/01/2012
		oyer, if for a single-employer plan)			2b Employe	r Identification Number
	,	om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post	,	structions)	(EIN)	27-3000847
RICHTER IN	TERNATIONAL CON	ISULTING LLC				's telephone number 125-961-0446
					2d Business	code (see instructions)
317 NW GILI ISSAQUAH,	MAN BLVD., SUITE 5 WA 98027	o1				524210
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Administ	rator's EIN
					3c Administ	rator's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
this place a Sponse		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N						
					5a	5
		s at the beginning of the plan years at the end of the plan year			5b	4
		account balances as of the end of			5c	•
compl	ete this item)					
		articipants at the beginning of the pl	-		5d(1) 5d(2)	4
		articipants at the end of the plan year of the plan year of terminated employment during the				0
than '	100% vested	or incomplete filing of this return			5e	
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruct and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including,	if applicable, a Schedule
SIGN		d/valid electronic signature.	10/05/2019	DAVID RICHTER		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN	Filed with authorized	d/valid electronic signature.	10/05/2019	DAVID RICHTER		
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as e	mplover or plan sponsor

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

b	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	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	rogram (see ERISA se	ection 4	021)?	X	Yes 1	-	ot determined instructions.)	
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning				(b) I	End of Ye		
	Total plan assets	7a	160	01487				180	6053	
	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c		01487					6053	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	3:	50000						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	-1;	39017						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21	0983	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		756						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f 5661								
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6417	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						20	4566	
j	j Transfers to (from) the plan (see instructions)									
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in the i	nstructions	S:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	/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	X				385000	
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
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 Sche (Form 5500) and line 11a below)		В	X Ye	es 🗌 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y6	es 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, and enter the date of the letter ruling granting the waiver. Month Day Year									
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?		X Yes	No	ı					
	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)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g 12/3	31/2018	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable ca	ause is established	d.		
Α	Name of plan RICHTER INTERNATIONAL CONSULTING LLC DEFINED BENEFIT PLAN	B Three-dig	git) •	002
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RICHTER INTERNATIONAL CONSULTING LLC	D Employer	Identification 27-300	ation Number (E	IN)
E ·	Type of plan: Single Multiple-A Multiple-B F Prior year plan size:	X 100 or fewer	101-	500 More th	an 500
F	Part I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Year 2018	_			
2	Assets:				
	a Market value		. 2a		1456054
	b Actuarial value		2b		1456054
3	i unung targerparticipant count breakdown	Number of participants	. ,	sted Funding Target	(3) Total Funding Target
	For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants	0		0	0
	C For active participants	4		1501462	1512019
	d Total	4		1501462	1512019
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	□		,	
	a Funding target disregarding prescribed at-risk assumptions		4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that at-risk status for fewer than five consecutive years and disregarding loading factor	t have been in	4h		
5	Effective interest rate		5		5.35 %
6	Target normal cost		6		207996
Sta	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachn accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.				
	SIGN HERE			09/16/201	Э
	Signature of actuary			Date	
L	YNN M. YOUNG	<u> </u>		17-05433	
	Type or print name of actuary		Most	recent enrollmer	t number
F	PINNACLE PLAN DESIGN, LLC			602-792-59	82
	Firm name 2201 E. CAMELBACK ROAD, SUITE 200 PHOENIX, AZ 85016	Te	lephone	number (includi	ng area code)
	Address of the firm				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in compl ructions	leting this schedule	e, check	the box and see	

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
	•			-				(a) C	arryover bala	ance	(b) [Prefundir	ng balance
7		•	•		able adjustments (line 13 fro					0			0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0		
9 Amount remaining (line 7 minus line 8)												0	
10 Interest on line 9 using prior year's actual return of											0		
11 Prior year's excess contributions to be added to prefunding balance:													
a Present value of excess contributions (line 38a from prior year)										191117			
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of										0			
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
					r to add to prefunding balance						-		191117
	d Portion	of (c) to	be added to prefu	unding bala	ance								0
12	Other rec	ductions i	n balances due to	elections of	or deemed elections					0			0
							+			0			0
	Part III Funding Percentages												
	14 Funding target attainment percentage 14 96.29%												
												15	113.58%
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current										112.83%		
17	journal of the control of the contro										%		
Р	Part IV Contributions and Liquidity Shortfalls												
18					ar by employer(s) and emplo								
			(b) Amount p employer		(c) Amount paid by employees		(b) Amount paid to employer(s)				oy (c) Amount paid by employees		
0	7/08/2019)		200000	0								
0	9/13/2019)		150000	0								
						Totals >	•	18(b)		3500	00 18(c)		0
19	Discount	ed emplo	yer contributions	– see instru	uctions for small plan with a	valuation (date a	fter the	beginning of	the year:			1
	a Contrib	outions a	llocated toward ur	npaid minim	num required contributions f	rom prior y	ears.			19a			0
	b Contrib	outions m	ade to avoid restr	ictions adju	usted to valuation date					19b			0
	c Contrib	outions all	ocated toward min	imum requir	red contribution for current year	ar adjusted	to val	uation d	ate	19с			339291
20	-		tions and liquidity										
			_		e prior year?							∐	Yes X No
			·		nstallments for the current y			mely ma	anner?				Yes No
	C If line 2	20a is "Ye	es," see instructio	ns and com	nplete the following table as								
		(1) 1st	<u> </u>		Liquidity shortfall as of end (2) 2nd	or quarte	r of th		year 3rd			(4) 4th	
		(.,	-		(-)			(=)	- -			,	

P	Part V Assumptions Used to Determin	e Funding Target and Targ	et Normal Cost		
21	•				
	a Segment rates: 1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used
	b Applicable month (enter code)			21b	0
22	Weighted average retirement age			22	62
23	Mortality table(s) (see instructions) Prior regulation	on: Prescribed - comb	ined Prescribed	l - separat	e Substitute
	Current regul	ation: X Prescribed - comb	ined Prescribed	d - separat	e Substitute
Pa	art VI Miscellaneous Items	<u> </u>			
	Has a change been made in the non-prescribed actu	uarial assumptions for the current pl	an vear? If "Yes " see in	nstructions	s regarding required
	attachment		•		
25	Has a method change been made for the current pla	nn year? If "Yes," see instructions re	egarding required attach	ment	Yes X No
26	Is the plan required to provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	ttachmen	tX Yes No
27	If the plan is subject to alternative funding rules, enter		ons regarding	27	
P	art VII Reconciliation of Unpaid Minim	um Required Contribution	s For Prior Years	<u> </u>	
	Unpaid minimum required contributions for all prior y	•		28	0
29		ions from prior years	29	0	
30	Remaining amount of unpaid minimum required cont			30	0
Pa	art VIII Minimum Required Contribution	n For Current Year			
31	•				
	a Target normal cost (line 6)			31a	207996
	b Excess assets, if applicable, but not greater than li	ine 31a		31b	0
32	Amortization installments:		Outstanding Bala	nce	Installment
	a Net shortfall amortization installment			55965	9136
	b Waiver amortization installment			0	0
33	If a waiver has been approved for this plan year, enter (Month Day Year	er the date of the ruling letter granti) and the waived amount		33	
34	Total funding requirement before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	217132
		Carryover balance	Prefunding balan	ice	Total balance
35	Balances elected for use to offset funding requirement	0		0	0
36	Additional cash requirement (line 34 minus line 35)			36	217132
37		ntribution for current year adjusted	to valuation date (line	37	339291
38					
	a Total (excess, if any, of line 37 over line 36)	,		38a	122159
	b Portion included in line 38a attributable to use of p			38b	0
39				39	0
40	Unpaid minimum required contributions for all years			40	0
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions	()	
41	If an election was made to use PRA 2010 funding rel	ief for this plan:			
	a Schedule elected			Г	2 plus 7 years 15 years
	b Eligible plan year(s) for which the election in line 4	1a was made			

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 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Repor	rt Identification Informatio	on		00-31. [
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	18			
A This return/report is for:	z a single-employer plan	a list of participating	plan (not multiemployer) employer information in	(Filers checking accordance with	this box must attach the form instructions.)			
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report						
	an amended return/report	a short plan year rel	urn/report (less than 12 i	months)				
C Check box if filing under:	Form 5558 special extension (enter de	automatic extension		DFVC	program			
Part II Basic Plan Inf	ormation enter all requeste							
1a Name of plan	Ottribution enter all requeste	ed information		1 4 5 20 11	14			
•	onal Consulting LLC Def	fined Benefit Plan		1b Three-dig plan num (PN) ▶	002			
				1c Effective date of plan 01/01/2012				
Mailing Address (include ro	oloyer, if for a single-employer plan born, apt., suite no. and street, or noe, country, and ZIP or foreign p	P O RAVI	structions)	2b Employer Identification Number (EIN) 27-3000847				
Richter Internatio	onal Consulting LLC	, , , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's telephone number (425) 961-0446				
317 NN Gilman Blvd		2d Business 524210	code (see instructions)					
US Issequah WA 98527	and address X Same as Plan S	the first try, they are been accompanied to design.						
If the name and/or EIN of the	he plan sponsor or the plan name	hus channad since the less	entron langua de Etani Euro		ator's telephone number			
	onsor's name, EIN, the plan name	and the plan number from	he last return/report.	4b EIN				
C Plan Name								
a Total number of participants	s at the beginning of the plan year	######################################	929940400000000000000000000000000000000	5a	<u> </u>			
D Total number of participants	s at the end of the plan year	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*********************	5b	4			
C Number of participants with complete this item)	account balances as of the end o	of the plan year (only define	contribution plans	5c	Committee of the commit			
(1) Total number of active pa	articipants at the beginning of the	plan year	gapanganganggaganganan na	5d(1)	4			
	irticipants at the end of the plan ye		**********	5d(2)	4			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A penalty for the late	or incomplete filing of this ret	urn/report will be assesse	i uniess reasonable ca	use is establish	ed.			
Under penalties of perjury and of 38 or Schedule MB completed pelief, it is true, correct, and correct.	other penalties set forth in the inst and signed by an enrolled actuary mplete.	ructions, I declare that I hav y, as well as the electronic v	e examined this return/re proton of this return/report	eport, including, it it, and to the bes	applicable, a Schedule of my knowledge and			
SIGN Will	~~	10-5-19	David Richter	Accept the second secon				
HERE Signature of plan son	ministrator	Date	Enter name of individua	al signing as plan	administrator			
SIGN (while (2	10-5-19	David Richter		The state of the s			
HERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as emp	loyer or plan sponsor			

raue z

6a	Were all of the plan's accepte during the classic								
h	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)	*********	********		************	Х Үе	s No
~	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520 104-462 (See instructions on waiver elicibility	an indeper	ident qualified public ac	count	ant (IC	QPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	********		*******		X Ye	s No
С	If you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan is it covered and the PD and	ot use Foi	m 5500-SF and must	instea	id use	Forn	n 5500 .		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	1021)?	******	.X Yes	☐ No ☐ Not	determine
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this ye	ar <u>41</u>	2704	9		(See inst	ructions.)
P	art III Financial Information								
7	Plan Assets and Liabilities	10/10/13	(a) D			_			
a	Total plan assets	Carlo C. C.	(a) Beginning	of Ye	ar			b) End of Year	
b	Total plan liabilities	7a	1,	601,	487	_		1,806	,053
C	Net plan assets (subtract line 75 from line 7.)	7b			0				0
8	Net plan assets (subtract line 7b from line 7a)	7c	1,	601,	487			1,806	,053
a	Contributions received or receivable from:		(a) Amou	nt				(b) Total	
8	(1) Employers	8a(1)		350,	000				
	(2) Participants	8a(2)		330,	0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	/1:	20.0		100			25-11-5
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(1.	39,0	17)			lex n. E.E. lex. iz	
d	Benefits paid (including direct rollovers and insurance premiums	00						210	,983
	to provide benefits)	8d			756				
<u>e</u>	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		5,0	561		76	A STATE OF THE PARTY OF THE PAR	ACTION NO.
g	Other expenses	8g			0	138			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	TO THE PARTY OF TH	- T	Hilli			6	417
i	Net income (loss) (subtract line 8h from line 8c)	8i	THE STREET STREET	7 3					,417
نے	Transfers to (from) the plan (see instructions)	8j			0		18.1316	204	,566
Pa	rt IV Plan Characteristics	-,						On the second	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	o from the List of Div.	01					
	1B 3D	ature code	s from the List of Plan	Chara	cterist	ic Cod	des in the	instructions:	
b	If the plan provides welfare hopofits, onto the applicable of								
	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan C	haract	eristic	Code	s in the in	structions:	
Pa	rt V Compliance Questions								
10	During the plan year:					,			
a					Yes	No	N/A	Amount	
-	Was there a failure to transmit to the plan any participant contribution	ons within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volume Program)	untary Fidu	ciary Correction				319		
b	Were there any nonexempt transactions with any party-in-interest?	/D		10a		Х			
	reported on line 10a.)	(DO HOT IN	clude transactions	106		x			
С	Was the plan covered by a fidelity bond?		***************************************	10b	77	A			
d	Did the plan have a loss, whether or not reimbursed by the plan's fir	delity bond	that was squard	10c	Х	_		3	85,000
	by fraud or dishonesty?	••••••••••••••••	, ulat was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other	r percene	hu on incurre	100					
	carrier, insurance service, or other organization that provides some	or all of the	a banact						
f	the plan? (See instructions.)	**************	***************************************	10e		X			
·	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	d.)	10g		x	E E		
h	If this is an individual account plan, was there a blackout period? (S.	oo inaterrat	inna 00 05D	- 3		_		NO DE PERSONA	TATE IN
,	2020.101-0.)	************	999900000000000000000000000000000000000	10h					
Ī	If 10h was answered "Yes." check the box if you either provided the	roquired n	office service full						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	3	***************************************	10i					

Form	550	0 00	2040	,
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Page	3	- 1	ı

Dow	M	Pension F. H. C. C.						
Pari		Pension Funding Compliance						
11	1. 0	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500 and line 11a below)		Schedule	e SB	X Y	es [] No
_11a	Enter tr	te unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	11a		1		
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of th	e Code or sec	tion 302	? of	Y	es X	0] No
	If a wai	rs," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions, a					ling
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 this plan year		12b				
c	Enter th	e amount contributed by the employer to the plan for the plan year		12c				
d	Subtrac	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to amount)	the left of a	12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	10000000000000000000				_	
Part			9999999999999		Yes	No L	N//	٩
		Plan Terminations and Transfers of Assets						
13a	Has a re	esolution to terminate the plan been adopted in any plan year?	***************************************	[3	Yes		No	
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a			110	
		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or br						0
	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(s) to which assets or liabilities were transferred. (See instructions.)							
13	c(1) Nar	ne of plan(s):	13c(2) EI	N/c)		42-11	N DAI/	
			130(2) [14(2)		130(3	8) PN(s)
	<u> </u>							

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form 5500 or	5500-SF.		
For	calendar plan year 2018 or fiscal plan year beginning 01/01	/2018	and ending	12/31/2	2018
▶R	ound off amounts to nearest dollar.				
▶ c	aution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established.		
A N	ame of plan		B Three-digit		
Rich	ter International Consulting LLC Defined Benef:	it Plan	plan numb	er (PN)	002
C PI	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification Nu	mber (EIN)
Rich	ter International Consulting, LLC		27	7-3000847	
E Ty	pe of plan: X Single Multiple-A Multiple-B	Prior year plan size:	X 100 or fewer	101-500	More than 500
Pa	rt I Basic Information				
1	Enter the valuation date: Month 12 Day 31	Year 2018			
2	Assets:				
	a Market value			2a	1,456,054
	b Actuarial value			2b	1,456,054
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	C
	b For terminated vested participants	0		0	C
	C For active participants	4		1,501,462	1,512,019
	d Total	4		1,501,462	1,512,019
	If the plan is in at-risk status, check the box and complete lines (a) and	(b)			
	a Funding target disregarding prescribed at-risk assumptions			4a	
	b Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding	Carried to the comment of the carried state of the contract of	have been in	4b	
5	Effective interest rate			5	5.35 %
6	Target normal cost			6	207,996
To thacco	ment by Enrolled Actuary le best of my knowledge, the information supplied in this schedule and accompanying schedule rdance with applicable law and regulations. In my opinion, each other assumption is reasonable bination, offer my best estimate of anticipated experience under the plan.	es, statements and attachmen e (taking into account the exp	its, if any, is complete an erience of the plan and r	id accurate. Each peasonable expecta	presribed assumption was applied in
	GN MUST		9/1	6/2019	,
	Signature of actuary				Date
	Lynn M. Young			17-0	5433
	Type or print name of actuary				enrollment number
	Pinnacle Plan Design, LLC			(602) 7	792-5982
	Firm name		Tele	ephone numbe	er (including area code)
	2201 E. Camelback Road, Suite 200				
	US Phoenix AZ 85016				
	Address of the firm		•.		
If the	actuary has not fully reflected any regulation or ruling promulgated unde	er the statute in comple	eting this schedule	, check the bo	ox and see

	Schedu	ule SB (Form 5500) 2018		Page 2						
Pai	rt II Be	ginning of Year Carryov	ver and Prefunding Rale	ancos						
ı a	it ii De	gilling of real carryov	Ter and I retaineding Dair	11003	(a) (Carryover balance	9	(b) Pref	fundi	ng balance
7		eginning of prior year after appl			(-)	,	0	(4)		C
8		ed for use to offset prior year's					0			C
9	Amount rema	aining (line 7 minus line 8)					0			C
10		ne 9 using prior year's actual re					0			C
11		excess contributions to be adde								_
	•	alue of excess contributions (lin								191,117
		st on the excess, if any, of line 3	. , ,							131,11,
	` '	lule SB, using prior year's effect								C
	b(2) Interes	st on line 38b from prior year Sc	hedule SB, using prior year's a	ctual						
	return	•••••	•••••							С
	C Total ava	ilable at beginning of current pla	an year to add to prefunding ba	lance .						191,117
	d Portion of	f (c) to be added to prefunding b	palance							C
12	Other reduct	tions in balances due to election	s or deemed elections				0			C
13	Balance at b	eginning of current year (line 9	+ line 10 + line 11d - line 12) .				0			C
Pa	rt III F	unding Percentages	<u> </u>							
		et attainment percentage			•••••			1	4	96.29 %
		ding target attainment percenta							15	113.58 %
	-	funding percentage for purposes	_						16	113.30 //
		s funding requirement						•••••		112.83 %
_17	If the current	t value of the assets of the plan	is less than 70 percent of the f	unding targe	et, enter s	such percentage	•••••	1	7	%
Pa	rt IV C	Contributions and Liquid	dity Shortfalls							
18		s made to the plan for the plan	ear by employer(s) and emplo	yees:						
<u> </u>	(a) Date M-DD-YYYY)		(c) Amount paid by employees	(a) D (MM-DD-	YYYY)	(b) Amour employ	/er(s)	` ′ (unt paid by oyees
07/	08/2019	200,000		09/13/2	2019		150,000)		
		•		Totals ▶	18(b)		350,000	0 18(c)		0
19	Discounted 6	employer contributions see ins	structions for small plan with a	valuation da	ite after t	he beginning of the				
	a Contribution	ons allocated toward unpaid min	nimum required contributions fr	rom prior ye	ars	•••••	19a			C
	_	ons made to avoid restrictions a					19b			C
		ons allocated toward minimum	-				19c			339,291
20		ntributions and liquidity shortfall	<u>'</u>	. , our dujus	.54 10 14	.aation dato ••				
	•	an have a "funding shortfall" for							F	T Ves 🔽 No

Liquidity shortfall as of end of quarter of this plan year

3rd

(4)

4th

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

(2) 2nd

 ${f c}$ If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st

Da	art V Assumption	ana Uaad Ta Datarmin	o Funding Torget and Tare	est Normal Cost		
21		ons used to Determine	e Funding Target and Targ	jet Normai Cost		
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment:	6	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	62
	Mortality table(s) (see		lation: Prescribed - con	nbined Prescrib	bed - sepa	
Pa	rt VI Miscellane	eous items				
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
	attachment		• • • • • • • • • • • • • • • • • • • •			Yes X No
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26	Is the plan required t	o provide a Schedule of Active	e Participants? If "Yes," see instruct	ions regarding required	attachmen	tX Yes No
27		•	ter applicable code and see instruc		27	
		•	um Required Contribution			Τ .
			years		28	0
29			d unpaid minimum required contribu		29	0
30			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	n For Current Year			
31	Target normal cost a	nd excess assets (see instruct	tions):			
	-	•	• • • • • • • • • • • • • • • • • • • •		31a	207,996
			line 31a		31b	0
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amort	ization installment	• • • • • • • • • • • • • • • • • • • •		55,965	9,136
	b Waiver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33			nter the date of the ruling letter grar) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	217,132
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding	0		0	O
36	Additional cash requi	irement (line 34 minus line 35)			36	217,132
37			contribution for current year adjusted		37	339,291
38	Present value of exc	ess contributions for current ye	ear (see instructions)			
	a Total (excess, if an	ny, of line 37 over line 36)			38a	122,159
	b Portion included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b	0
39	Unpaid minimum req	uired contribution for current y	vear (excess, if any, of line 36 over l	line 37)	39	0
40	Unpaid minimum req	uired contributions for all year	s		40	0
Pai	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions	s)	
41	If an election was made	de to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected				[2 plus 7 years 15 years
	b Fligible plan year(s	s) for which the election in line	41a was made		. 🗆 20	08

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Richter International Consulting, LLC Defined Benefit Plan 27-3000847 / 002 For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 32 - Schedule of Amortization Bases

Richter International Consulting, LLC Defined Benefit Plan 27-3000847 / 002

For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2018	55,965	Shortfall	55,965	7	9,136
Totals:				\$55,965		\$9,136

Schedule SB, line 26 - Schedule of Active Participant Data

Richter International Consulting, LLC Defined Benefit Plan 27-3000847/002

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	110.	140.	110.	110.	110.	110.	140.	110.	110.	110.
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49		1								
50 to 54										
55 to 59		2								
60 to 64			1							
65 to 69										
70 & up										

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Richter International Consulting, LLC Defined Benefit Plan 27-3000847 / 002

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 12/31/2018

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.50
Segment 2	6 - 20	3.92
Segment 3	> 20	4.50

None

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	3.92
Segment 2	6 - 20	5.52
Segment 3	> 20	6.29

Pre-Retirement - Mortality Table -

Post-Retirement - Mortality Table -18C - 2018 Combined

> Lump Sum -18E - 2018 Applicable Mortality Table for 417(e) (unisex) at 5.5%

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Schedule SB, Part V Summary of Plan Provisions

Richter International Consulting, LLC Defined Benefit Plan 27-3000847 / 002

For the plan year 01/01/2018 through 12/31/2018

Employer: Richter International Consulting, LLC

Type of Entity - S Corporation

EIN: 27-3000847 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2012 Year end - 12/31/2018 Valuation - 12/31/2018

Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018

Eligibility: All employees excluding non-resident aliens

Minimum age - 18 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 0

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of the 5th anniversary of

the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below:

Employee Classification Benefit Formula

A Fresh Start Accrued Benefit plus \$1,250.00 per year of participation after

12/31/2016 beginning year 1

plus Fresh Start Accrued Benefit plus 0.5% of average compensation per year of

participation after 12/31/2016 beginning year 1

B Fresh Start Accrued Benefit plus (0.5% of average compensation per year of

participation after 12/31/2016 beginning year 1)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Face Amount

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity
Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

Richter International Consulting, LLC Defined Benefit Plan 27-3000847 / 002

For the plan year 01/01/2018 through 12/31/2018

Vesting Schedule:	Years	Percent
	0-1	0%
	2	20%
	3	40%
	4	60%
	5	80%

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

6

100%

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.93
Segment 2	6 - 20	3.57
Segment 3	> 20	4.36

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)