For	m 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be file	4065 of the Employee Ret	tirement	2018				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		This Form i				
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 550	00-SF.	Public Inspection			
Part I		Identification Information							
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2			/14/2018	ing this have such attach a			
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acc		-			
B This retu	urn/report is								
		the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mo	nthe)				
Check	box if filing under:	Form 5558	automatic extension		C DFVC pi	rogram			
		special extension (enter desc	. ,						
Part II		prmation—enter all requested in	formation		1b	- 19-19			
1a Name	•	VICES 401K PROFIT SHARING P	I AN TRUST		1b Three plan	e-digit number			
					(PN)				
					1c Effec	tive date of plan 01/01/2013			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 27-4950889			
-	REAL ESTATE SER	ce, country, and ZIP or foreign post VICES	ai code (il foreign, see in	structions)	2c Spon	sor's telephone number 253-333-1110			
					2d Busin	ness code (see instructions)			
AUBURN, W	LEY HWY N #200 A 98001					531310			
3a Plan a	dministrator's name a	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 th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a		the last return/report.					
a Spons C Plan N	or's name lame				4d PN				
5a Total	number of participants	at the beginning of the plan year.			5a	50			
		at the end of the plan year			5b	0			
		account balances as of the end of		-	5c	0			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	45			
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0			
		b terminated employment during the			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable caus					
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a nlete							
SIGN		I/valid electronic signature.	12/21/2020	TINA CHRISTIANSEN					
HERE	Signature of plan a	administrator	Date	Enter name of individua	al signing a	as plan administrator			
SIGN		I/valid electronic signature.	12/21/2020	TINA CHRISTIANSEN					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individua	al signing a	as employer or plan sponsor			

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a								
	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 cann	ot use Fo	rm 5500-SF and must instead us	se Form 5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (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	144011	0					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	144011	0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	0						
	(2) Participants	8a(2)	798						
	(3) Others (including rollovers)	8a(3)	0						

	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)		4247	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5045
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18043	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	158	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18201
i	Net income (loss) (subtract line 8h from line 8c)	8i		-13156
j	Transfers to (from) the plan (see instructions)	8j	-130855	
Ра	rt IV Plan Characteristics			

9a	If the	plan	provid	es pe	ension	benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
					2T			

Part	t 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.)			x	
С	Was the plan covered by a fidelity bond?	··· 10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
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 th exceptions to providing the notice applied under 29 CFR 2520.101-3				

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 comple (Form 5500) and line 11a below)	te Scł	nedule S	B	<u></u> Ч	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	sectio	on 302 o	f 	. П Y	′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 instructio granting the waiver				of the lette _ Year _	r ruling
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			
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?			Yes	× N	0
	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 unc control of the PBGC?	er the			Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	olan(s) to			
1	13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
RESO	URCE MANAGEMENT INC 401K PLAN 87-04	9994	3		333	

Form 5500 Electronic Filing Authorization

Plan Name: PALLADIUM REAL ESTATE SERVICES 401K PROFIT SHARING PLAN TRUST

EIN/PN: 27-4950889/001

Plan Year: 2018

I hereby authorize United 401(k) Plans, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Mun Signature)

12.21.20

Date

Plan Sponsor

untar

(Signature)

12.21.20

Date

Forn	n 5500-SF	Short Form Annua		of Small Emplo	oyee	C	MB Nos. 1210-0110 1210-0089
	ent of the Treasury I Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 40	065 of the Employee Re	etirement	-	2018
	artment of Labor efits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the	Internal		orm is Open to c Inspection
Pension Bene	fit Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.	T UDI	emspection
Part I	Annual Report le	dentification Information			0.0	111/001	
For calendar	plan year 2018 or fisc	al plan year beginning	01/01/2018	and ending		/14/201	
A This retur	m/report is for:	X a single-employer plan	a multiple-employer plan list of participating emp	n (not multiemployer) (I bloyer information in ac	cordance w	ith the form	instructions.)
-		a one-participant plan	a foreign plan				
B This return	n/report is	the first return/report	$\mathbb X$ the final return/report				
		an amended return/report	🛛 a short plan year return/	/report (less than 12 m	onths)		
C Check bo	x if filing under:	Form 5558	automatic extension	-	X DFVC p	rogram	
		special extension (enter descr	iption)				
Part II	Basic Plan Infor	mation—enter all requested inf	formation				
1a Name of					1b Three	5	
PALLADI	UM REAL ESTAT	E SERVICES 401K PROE	FIT SHARING		pian (PN)	number	001
PLAN TRU	UST				1c Effect	ctive date of	
2a Plan spo	onsor's name (employ	er, if for a single-employer plan) a, apt., suite no. and street, or P.C) Box)			loyer Identif)27-4950	ication Number
City or to	own, state or province	, country, and ZIP or foreign post E SERVICES	al code (if foreign, see instru	uctions)	2c Spor		hone number
							see instructions)
2711 W	VALLEY HWY N	#200					,
AUBURN		A 17730440300	WA	98001	531	1310	
	ministrator's name and	d address 🛛 Same as Plan Spor	nsor.		3b Adm	inistrator's l	EIN
					3c Adm	inistrator's f	elephone number
			as abanged since the last re	aturn/report filed for	4b EIN		
4 If the na this pla	ame and/or EIN of the in, enter the plan spor	plan sponsor or the plan name h sor's name, EIN, the plan name a	and the plan number from th	ne last return/report.			
a Sponso c Plan Na	r's name				4d PN		
	the state state and	at the beginning of the plan year.			5a		50
		at the end of the plan year			5b		(
c Numbe	or of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c		
		ticipants at the beginning of the p			5d(1)		4
					5d(2)		
d(2) Tota	I number of active na	ticinants at the end of the plan ve	d				
e Numb	er of participants who	ticipants at the end of the plan ye terminated employment during th	ne plan year with accrued be	enefits that were less	5e		
e Numberthan 1	er of participants who 00% vested	terminated employment during th	e plan year with accrued be	unless reasonable ca	5e iuse is esta	ablished.	
e Number than 1 Caution: A Under pena SB or Scher	er of participants who 00% vested penalty for the late of lities of perjury and ott dule MB completed ar	terminated employment during th or incomplete filing of this return her penalties set forth in the instru- hd signed by an enrolled actuary,	ne plan year with accrued be	unless reasonable ca	5e suse is esta	ang, n appi	cable, a Schedule
e Number than 1 Caution: A Under pena SB or Scher belief, it is tr	er of participants who 00% vested penalty for the late of lities of perjury and otil dule MB completed ar rue, correct, and completed	terminated employment during the pr incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, plete.	ne plan year with accrued be	unless reasonable ca	5e suse is esta eport, includ rt, and to th	ang, n appi	cable, a Schedule
e Number than 1 Caution: A Under pena SB or Scher	er of participants who 00% vested penalty for the late of lities of perjury and oth dule MB completed ar rue, correct, and comp	terminated employment during the princomplete filing of this return the penalties set forth in the instru- net signed by an enrolled actuary, polete.	ne plan year with accrued be	unless reasonable ca examined this return/re rsion of this return/repo	5e ause is esta eport, includ rt, and to th NSEN	ne best of m	cable, a Schedule y knowledge and
e Numb than 1 Caution: A Under pena SB or Sche belief, it is tr SIGN	er of participants who 00% vested penalty for the late of lities of perjury and oth dule MB completed ar rue, correct, and comp Signature of plan, a	terminated employment during the princomplete filing of this return the penalties set forth in the instru- net signed by an enrolled actuary, polete.	ne plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ver	unless reasonable ca examined this return/re rsion of this return/repo	5e ause is esta eport, inclue rt, and to th NSEN dual signing	ne best of m	y knowledge and

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

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 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.)	X Yes No
	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 insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Pa	rt III Financial Information				-		
7	Plan Assets and Liabilities		(a) Beginning of				(b) End of Year
а	Total plan assets	7a	1	44,0	11		0
b	Total plan liabilities	7b			0		0
с	Net plan assets (subtract line 7b from line 7a)	7c	1	.44,0	11		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:				0		
	(1) Employers	8a(1)		7	98		
	(2) Participants	8a(2)		1	0		
_	(3) Others (including rollovers)	8a(3)		4,2	17		
-	Other income (loss)	8b		4,2	4/		5,045
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5,045
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		18,0	43		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		1	58		
g	Other expenses	8g			0		10.001
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18,201
i	Net income (loss) (subtract line 8h from line 8c)	8i					-13,156
j	Transfers to (from) the plan (see instructions)	8j	-	130,8	355		
Pa	rt IV Plan Characteristics						
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare			_			
	rt V Compliance Questions				Yes	No	Amount
10	During the plan year: a Was there a failure to transmit to the plan any participant contrib	utions withi	n the time period	_			7.000
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Iduciary Correction	10a		Х	
	b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not	include transactions	10b		X	
	C Was the plan covered by a fidelity bond?			10c	Х		20,000
	d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		Х	
	e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х	
	f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х	
	g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х	
	h If this is an individual account plan, was there a blackout period 2520.101-3.)		······	10h		Х	-123456709012346
	 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	the require	d notice or one of the		1		

Form 5500-SF (2018)

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Part	/I Pension Funding Compliance					7
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complete Sche	edule S	B	. [] Y	′es ⊠ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	ode or sectior	1 302 of	f 	. П Y	res 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	lonun	l enter t Day	he date	of the lette Year	r ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
	Enter the minimum required contribution for this plan year		12b			
-	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 negative amount)	left of a	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					
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	lo
	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 brou control of the PBGC?	ght under the			X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to			
	(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)
-	DURCE MANAGEMENT INC 401K PLAN	87-04	19994	8	3	33