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 sections 6057(b) and 6058(a) of the Internal

Complete all entries in accordance with the instructions to the Form 5500-SF

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/report is 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: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number AURORA SYSTEMS, INC. 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/15/2014 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 80-0955744 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number AURORA SYSTEMS, INC. 425-374-1360 2d Business code (see instructions) 2201 100 ST SOUTHWEST 327210 EVERETT, WA 98204 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year 28 5_b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 22 5d(2) d(2) Total number of active participants at the end of the plan year..... \cap Number of participants who terminated employment during the plan year with accrued benefits that were less \cap Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

07/06/2018

Date

Date

GREGORY GOLDFINCH

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

Filed with authorized/valid electronic signature

Signature of plan administrator

SIGN **HERE**

SIGN HERE Form 5500-SF 2017 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No	
b	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							X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cann							- 100 L 110	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		· —	(See instructions.)	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	l of Year	
a	Total plan assets	7a	43	33881				0	
<u>b</u>	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	43	33881				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	2	22034					
	(2) Participants	8a(2)	4	13077					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-3893					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						61218	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48	37967					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		7132					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						495099	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-433881		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	cteris	tic Coc	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Amount	
	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	t? (Do not	include transactions			X			
	reported on line 10a.)			10b	X	^		05000	
d				10c				25000	
	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 plan			10f		Χ			
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	he require	d notice or one of the	10i					
						•			

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Part '	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below)	edule S	В	Y	es 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 section ERISA?	1 302 of		Y	es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter Year	ruling
lf y	rou 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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	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?			X Yes	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)

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2017

OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Part		dentification information					
For calenda	ar plan year 2017 or f	iscal plan year beginning	01/01/201	8	and ending	06/15/	2018
A This ret	urn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		
		a one-participant plan	a foreign pl	an			
B This retu	irn/report is	the first return/report	X the final retu	ırn/report			
		an amended return/report	a short plan	year return	/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic e	extension		DFVC progra	am
		special extension (enter desc	_				
Part II	Basic Plan Info	ormation—enter all requested in	nformation				
1a Name		onter an requested in	nomaton			1b Three-dig	nit
						plan num	
Aurora S	Systems, Inc.	401(k) Profit Shari	ng Plan			(PN) ▶	
						1c Effective	date of plan
						01/15/2	2014
		oyer, if for a single-employer plan)	0. 0			(1) 5/	Identification Number
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		see instri	uctions)	*	-0955744
	Systems, Inc			,, 000 11.00	addono		s telephone number
	The second secon					425-374	
2201 10	2201 100 St Southwest					code (see instructions)	
						327210	
Everett	SI EL	WA 98204					
3a Plan ad	dministrator's name a	nd address X Same as Plan Spo	onsor.			3b Administr	ator's EIN
						3c Administr	ator's telephone number
		e plan sponsor or the plan name h				4b EIN	
		onsor's name, EIN, the plan name	and the plan num	ber from th	e last return/report.	Ad my	
a Spons						4d PN	
C Plan N	ame						
5a Total r	number of participants	s at the beginning of the plan year.				5a	28
b Total r	number of participants	at the end of the plan year				5b	0
c Number	er of participants with	account balances as of the end of	f the plan year (or	nly defined	contribution plans	5с	0
1 07 -C	Control of the Contro	articipants at the beginning of the p				5d(1)	22
		articipants at the end of the plan ye	2.0			5d(2)	0
		terminated employment during th					
than '	100% vested					5e	0
		or incomplete filing of this retur					
SB or Sche	alties of perjury and of dule MB completed a rue, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary,	as well as the ele	ctronic ver	examined this return/re sion of this return/repor	port, including, i t, and to the bes	f applicable, a Schedule st of my knowledge and
SIGN	rue, confect, and com		11/1	110	Gregory Goldf:	inch	
HERE	Signature	dministrator	76	// 6		22 24 242	log galacialates to
	Signature of plan	PINITISUALUI TITA	Date	1110	Enter name of individ		ian administrator
SIGN .	real	- Jord L	7/6	110	Gregory Goldf:		
Attack Total	Signature of emplo	byer/plan sponsor	Date		Enter name of individ	ual signing as e	mployer or plan sponsor

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6a 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 accounts 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 					PA)	X Yes No	
_	If the plan is a defined benefit plan, is it covered under the PBGC in							□ Natalata
C	If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determined
	The second content the My PAA confirmation ramber from the	е РБСС р	remain hang for this p	ian yea	·			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
a	Total plan assets	7a		433,				0
b	Total plan liabilities	7b					• 110	
С	Net plan assets (subtract line 7b from line 7a)	7c		433,	881			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	otal
а	Contributions received or receivable from:				22.4		 	
	(1) Employers	8a(1)		22,	—			
	(2) Participants	8a(2)		43,	077			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-3,	893			
С	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		. *				61,218
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8 d		487,	967		\$ 1. °	
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		7,	132	+1.		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						495,099
ī	Net income (loss) (subtract line 8h from line 8c)	8i			$\neg \uparrow$		· · · · · · · · · · · · · · · · · · ·	-433,881
ī	Transfers to (from) the plan (see Instructions)	8j						
Pa	t IV Plan Characteristics	1 0	<u> </u>		Ľ			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	octerist	ic Cod	es in the instru	ctions:
Par	t V Compliance Questions						·	
10	During the plan year:				Yes	No	<u>,</u>	mount
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	/oluntary F	iduciary Correction	40-	-	х		
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		Х		
			·	10c	х			25,000
d		fidelity bo	nd, that was caused	10d		Х		23,000
e		ner person ne or all of	s by an insurance the benefits under	10e		х	,,	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		· ····
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
Ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)					Yes 🗌	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 Cod ERISA?	de or section	302 o	of		Yes 🗓	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		enter Da		of the lette Year	er ruling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13/	3.					
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 lef negative amount)		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A	i
Part \	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		٧o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?			<u> </u>	Yes [No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	,