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

2017

This Form is Open to Public Inspection

Parti	Ailliuai Nepoi	t identification information								
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2018	and ending 09	9/30/2018					
A This ret	turn/report is for:	X a single-employer plan		r plan (not multiemployer) (employer information in ac	_					
D		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	X the final return/repo	ort						
		an amended return/report	X a short plan year re	turn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC program	m				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name LAWRENCE		EY, P.S. 401(K) PLAN			1b Three-digir plan numb (PN) ▶					
					1c Effective d	late of plan 01/01/2009				
		loyer, if for a single-employer plan)	2. P)			dentification Number				
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		nstructions)	(EIN)	91-2016345				
-	AWRENCE M. KATZ, ATTORNEY, P.S.			,	2c Sponsor's telephone number 206-624-4762					
					2d Business	code (see instructions)				
1534 23RD A SEATTLE, W					541110					
OL/TITLE, T	77 30122									
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
					, tarriinistra	tor o toropriorio riambor				
		he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
•	or's name	onsor s name, Ent, the plan name t	and the plan namber no	ii tilo laot rotam/roport.	4d PN					
C Plan N	lame									
					5a					
		ts at the beginning of the plan year.			5a 5b	5				
		ts at the end of the plan year n account balances as of the end of				0				
		T account balances as of the end of			5c	0				
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	3				
` '		participants at the end of the plan ye			5d(2)	0				
than	100% vested	o terminated employment during th			5e	0				
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assess	ed unless reasonable car						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	11/15/2018	LAWRENCE KATZ						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor				

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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	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.)							×	Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cann							🖺	103 🔲 110	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not	determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this pl	lan yea	r			(See in	structions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year		
a	Total plan assets	. 7a		57713		0				
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c 1157713						0		
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(b	(b) Total		
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)								
	(2) Others (including relleves)	8a(2)								
	(3) Others (including rollovers)	. 8a(3)	,	36719						
	Other income (loss)	. 8b	`	30719				367	710	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						307	19	
	to provide benefits)	. 8d	119	92979						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		1453						
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						11944	132	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-11577	'13	
	Transfers to (from) the plan (see instructions)	· 8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ir	nstructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan	n Chara	acteris	tic Cod	des in the ins	structions:		
Par	t V Compliance Questions					1	<u> </u>			
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	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
c				10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
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.)	ner person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	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

Repartment of the Treasury Internal Reserve Sentes

Department of Labor Engagysa Scendis Security Administration Possion 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

2017

This Form is Open to **Public Inspection**

	rt Identification Informatio	<u>05 705 8965 6</u>	and ending	09/30/201	0
For calendar plan year 2017 or		61/01/2018	and ending plan (not multiemployer) (******************************
A This return/report is for:	시 a single-employer plan	list of participating e	mployer information in ad	cordance with the fo	m astructions.)
5	a one-participant plan	a made hay			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	🖺 a short plan year retu	irn/repoπ (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
	special extension (enter des	emption)	······································	1501111	
Part II Basic Plan In	formation—enter all requested	nformation			
1a Name of plan		7.1		1b Three-digit plan number	001
Lawrence M. Katz, A	thorney, P.S. 401(k)	£19U		(PN))	
				1c Effective date 01/01/200	
	oloyer, if for a single-employer plan)			2b Employer Ider	
	oom, apt., suite no, and street, or P. ince, country, and ZIP or foreign por		dnictions)	(EIN) 91-20	AND THE PROPERTY OF STATE OF THE PROPERTY OF
Lawrence M. Katz,		nen nann in enterflist odd met	personality is the	2c Sponsor's tele	
	• ' ·			206-524-4	
1534 23rd Avenue				2d Business code 541110	e (see instructions)
Seattle	WA 98122 and address K Same as Plan Spi		mantu i muu u a ka u an agarawan a hankay wy dhustubwogo as u ubusian u kibumitini filik	88330 Vice William To Builting	
	the plan sponsor or the plan name la ponsors name, EIN, the plan name			4b EIN	
a Sponsor's name				4d PN	
C Plan Name					
5a Total number of participan	ats at the beginning of the plan year			5a	
b Total number of participan	ts at the end of the plan year	ko a vido ko a a didizi o o modidibe e divina a di kilin a vide a kiling d d d k	>> · · · « « · · » · » « « » » » » » « « » » » »	5b	
	h account balances as of the end o			5c	
	participants at the beginning of the (5d(1)	AND THE PERSON NAMED IN THE PERSON OF THE PE
	narticipants at the end of the plan y			5d(2)	
e Number of participants wi	io terminated employment during th	he plan year with accrued b	The state of the s	5e	
Caution: A penalty for the lat	e or incomplete filing of this retu	m/report will be assessed			
SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary.				
belief. It is true, correct, and co	WYSE	11115/18	Lawrence Katz		
HERE	<u> </u>		The state of the s		
5ignature of plan	annusualor	Date	Enter name of Individu	uai signing əs pian a	unsnistrator
SIGN HERE Signature of emo	loyenplan sponsor	Date	Entername of individu	ual signing as amolo	ver or plan sponsor
	tice, see the instructions for Form 550		The second second second second second	and the second section (4)	Form 5500-SF (2017)

	Form 5500-SF 2017		Page 2							
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indepe and cond	endent qualified public a	account	ant (IC	QPA) 	X Yes No			
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance	program (see ERISA s	ection 4	021)?		Yes No Not determined			
Pa	rt III Financial Information	·	1		-					
7	Plan Assets and Liabilities		(a) Beginning		$\overline{}$		(b) End of Year			
a	Total plan assets	7a	1,	157,	713		0			
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	157,	713		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)			:					
	(2) Participants	8a(2)					이 계 통상을 시작했습니다.			
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		36,	719					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					36,719			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	192,	979					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,453						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		WYS.			1,194,432			
ī	Net income (loss) (subtract line 8h from line 8c)	8i					-1,157,713			
ij	Transfers to (from) the plan (see instructions)	8i		1						
Pa	t IV Plan Characteristics	ــــــرب				······				
9a		feature c	odes from the List of Pl	an Cha	racteri	stic Cod	les in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Chara	acteris	tic Code	es in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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	Fiduciary Correction	10a		х				
· b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	10d		х				

Х

Х

Х

Х

10e

10f

10g

10h

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

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

the plan? (See instructions.)....

2520.101-3.)

Form 5500-SF 2017	Form	5500-SF	2017	
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raue.	J-	•	

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet (Form 5500) and line 11a below)] Ye:	s 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?			f] [Ye	s 🛛 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 instruction granting the waiver	s, an	d enter i		of the l		uling
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				
e 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	, [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				ne X 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	3c(1) Name of plan(s):	3c(2) EIN(s)		13	c(3) F	PN(s)
					-		