-	m 5500-SF	Short Form Annual	oyee	OMB Nos. 1210-0110 1210-0089							
Intern	al Revenue Service	065 of the Employee Re		2018							
	partment of Labor nefits Security Administration	Income Security Act of 1974 (E	evenue Code (the Code		Internal	This Form is Open to Public Inspection					
	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		dentification Information									
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
A This return/report is for:											
B This retu	rn/report is	a one-participant plan	one-participant plan								
		the first return/report									
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)						
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descript									
Part II		mation—enter all requested inform	nation								
1a Name o	•				1b Thre						
AMARA RET	IREMENT PLAN				(PN)	number 001					
					1c Effec	tive date of plan					
2a Plan sn	onsor's name (employ	er, if for a single-employer plan)			2h Emp	09/01/2010					
Mailing	address (include room	, apt., suite no. and street, or P.O. E			2b Employer Identification Number (EIN) 91-0577487						
AMARA	town, state or province	uctions)	2c Sponsor's telephone number 206-260-1700								
			2d Business code (see instructions)								
5907 MARTIN LUTHER KING JR. WAY SOUTH						624100					
SEATTLE, W	A 98118										
3a Plan ad	lministrator's name and	l address 🛛 Same as Plan Sponso	r.		3b Administrator's EIN						
					3c Administrator's telephone number						
4 If the n	ame and/or FIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN						
this pla	an, enter the plan spon	sor's name, EIN, the plan name and									
a Sponso c Plan Na					4d PN						
	ame										
5a Total n	umber of participants a	at the beginning of the plan year			5a	58					
		at the end of the plan year			5b	62					
		ccount balances as of the end of the		-	5c	57					
d(1) Tota	I number of active part	icipants at the beginning of the plan	year		5d(1)	50					
• •		icipants at the end of the plan year.			5d(2)	51					
		erminated employment during the pl			5e	6					
Caution: A	penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau							
SB or Schee	Ities of perjury and othe dule MB completed and rue, correct, and compl	er penalties set forth in the instructic d signed by an enrolled actuary, as v ete	ns, I declare that I have vell as the electronic ver	examined this return/report sion of this return/report	port, includi , and to the	ng, if applicable, a Schedule best of my knowledge and					
		alid electronic signature.	05/06/2019	LAUREN LANE							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ividual signing as plan administrator						
SIGN	· · ·										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor					

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Pa	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
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
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No

7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
а	Total plan assets	7a	11:	37688		1220932					
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	11:	37688		122093					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	57212								
	(1) Employers	8a(2)		97750	_						
	(2) Participants	8a(3)		4712	_						
b	Other income (loss)	8b	-1(03071							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					156603				
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	(63926	_						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		9433							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					73359				
i	Net income (loss) (subtract line 8h from line 8c)	8i					83244				
j	Transfers to (from) the plan (see instructions)	8j									
Ра	Part IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coc	les in the instructions:				
Pa	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 F	iduciary Correction	10a		X					
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
C	Was the plan covered by a fidelity bond?			10c	X		150000				
C	 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 										
e	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.)	10e		Х							
f	f Has the plan failed to provide any benefit when due under the plan? 10										
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х					
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)		B		Yes	X No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN	۱(s)

Form 5500-S	of Small Empl	oyee	ON	IB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	065 of the Employee R									
Department of Labor Employee Benefits Security Administ	tration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		e Internal	This Form is Open to				
Pension Benefit Guaranty Corpor	ation	Complete all entries in a	accordance with the instru	uctions to the Form 5	500-SF.	Public	Inspection			
Part I Annual Rep	ort Ide	entification Information				11	тар (11) Портанование (11) По			
For calendar plan year 2018			01/01/2018	and ending	12/	/31/2018	10 N N			
A This return/report is for:	Х	a single-employer plan	a multiple-employer pla list of participating em							
		a one-participant plan	a foreign plan							
B This return/report is	Π	the first return/report	the final return/report							
	Ξ	an amended return/report	a short plan year return	/report (less than 12 m	nonths)					
C Check box if filing under	: I	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	iption)				1. The second			
Part II Basic Plan	Informa	ation—enter all requested inf	ormation							
1a Name of plan					1b Three	e-digit	10 8 m (15 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -			
Amara Retirement	Plan					number	001			
					. ,	tive date of p				
						01/2010				
		if for a single-employer plan) pt., suite no. and street, or P.O	. Box)		2b Employer Identification Number (EIN)91-0577487					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						2c Sponsor's telephone number (206) 260–1700				
							e instructions)			
5907 Martin Luth	or Kin	a Tr Mau				1633 COUC (30				
South	er nin	Ig or. way		0.011.0						
Seattle				98118	624	100	a ka di di sa			
3a Plan administrator's nar	me and ad	ddress 🛛 Same as Plan Spon	isor.		3b Admi	nistrator's El	Ν			
					3c Admi	inistrator's tel	ephone number			
)								
			·							
		n sponsor or the plan name ha r's name, EIN, the plan name a			4b EIN					
a Sponsor's name					4d PN					
c Plan Name	f ,	C.								
5a Total number of partici	pants at th	he beginning of the plan year			5a	· · · .	58			
•		he end of the plan year			5b		62			
c Number of participants	with acco	ount balances as of the end of	the plan year (only defined	contribution plans	5c	n n Na si si	51			
		pants at the beginning of the pla			5d(1)		50			
		pants at the end of the plan yea	•		5d(2)		51			
		minated employment during the			5e	1 - 1				
					 March 1997 	hliched	(
Under penalties of perjury a SB or Schedule MB comple	ind other i ted and s	ncomplete filing of this return penalties set forth in the instruc- igned by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	eport, includi	ing, if applica	ble, a Schedule			
belief, it is true, correct, and	complete	e.	SIL DALE	Lauron Lana						
SIGN HERE	1		5/6/2019							
Signature of p	lan admi	inistrator	Date	Enter name of individ	dual signing	as plan admi	nistrator			
SIGN HERE										
Signature of e		/plan sponsor	Date	Enter name of individ	dual signing					
For Paperwork Reduction Act	t Notice, se	ee the Instructions for Form 5500)-SF.			Fo	rm 5500-SF (2018)			

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

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Form 5500-SF (2018)

6a	Were all of the plan's assets during the plan year invested in eligit	ole assets'	? (See instructions.)					X Ye	s 🗌 No
b									s 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes 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)? Yes No. Not determine								
	If "Yes" is checked, enter the My PAA confirmation number from th							L	
Pa	rt III Financial Information					nim uun Väinet			
7	Plan Assets and Liabilities		(a) Beginning	of Year		akondonan maké és kanifik	(b) End	of Year	
а	Total plan assets	7a		137,			······		20,932
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	137,	688			1,2	20,932
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		57 ,	212			ana ana	
	(2) Participants	8a(2)		197,	750				
Provense and the second	3) Others (including rollovers)								
b	Other income (loss)	8b	-	103,	071				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	56,603
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		63,	63,926				
e	Certain deemed and/or corrective distributions (see instructions)	8e			- Andrewski - A Andrewski - Andrewski - Andr				
f	Administrative service providers (salaries, fees, commissions)	issions) 8f 9,433							
<u> </u>	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							73,359
i	Net income (loss) (subtract line 8h from line 8c)	8ì							83,244
j	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 2F 2G 2J 2K 2S 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature coo	des from the List of Pla	n Chara	acteris	tic Cod	les in the instru	ictions:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	√oluntary I	-iduciary Correction	40-		x			
k	Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10a 10b		X			
					Х			1	.50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	10c	Λ	v		<u>ل</u> ــــــــــــــــــــــــــــــــــــ	.50,000
e	 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides some 	her persor	ns by an insurance	10d		X			
	the plan? (See instructions.)			10e		Х			

10f

10g

10h

10i

Х

Х

Х

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.)

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

exceptions to providing the notice applied under 29 CFR 2520.101-3

i

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Page 3-

Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f	י 🗌 📙	′es [X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a 	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	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									
C	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	I/A					
Part	VII Plan Terminations and Transfers of Assets										
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	ΧN	0						
I	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								
c	C 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.)										
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)		(s)					
.											