Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 Annual Repor	rt identification information									
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This return/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in ac	_						
·	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 retu	return/report (less than 12 months)							
C Check box if filing under:	Form 5558	automatic extension	extension DFVC program							
	special extension (enter desci	ription)								
Part II Basic Plan Inf	formation—enter all requested in	formation								
1a Name of plan				1b Three-digi	t					
WEINSTEIN AU 401K PLAN				plan numb	per					
			-	(PN) •	date of plan					
					01/01/2000					
	oloyer, if for a single-employer plan) from, apt., suite no. and street, or P.C) Box)			Identification Number					
	nce, country, and ZIP or foreign post		tructions)	(EIN)	68-0617971					
WEINSTEIN AU LLC	, ,,	, ,	,	•	telephone number 06-443-8606					
				2d Business	code (see instructions)					
2200 WESTERN AVENUE, SUIT SEATTLE, WA 98121	E 301				541310					
SEATTLE, WA 90121										
3a Plan administrator's name and address										
					25 44 44 44 44					
3c Administrator's telephone number										
	the plan sponsor or the plan name had consor's name, EIN, the plan name a			4b EIN						
a Sponsor's name	sonor o hamo, Env, the plan hame t	and the plan named nom	ano laot rotamproport.	4d PN						
C Plan Name										
5a Total number of participar	nts at the beginning of the plan year			5a	43					
_	its at the end of the plan year			5b	37					
C Number of participants wit	th account balances as of the end of	the plan year (only define	d contribution plans	5c	27					
. ,	participants at the beginning of the pl		T T T T T T T T T T T T T T T T T T T	5d(1)	29					
	participants at the beginning of the plan yearticipants at the end of the plan year	•	Ť.	5d(2)	28					
• •	ho terminated employment during the		F	5e	0					
than 100% vested										
	e or incomplete filing of this return									
SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, amplete.	as well as the electronic ve	e examined this return/report	and to the best	of my knowledge and					
SIGN Filed with authorize	EDWARD WEINSTEIN	EIN								
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator					
SIGN										
HERE Signature of emp	oloyer/plan sponsor	Date	Enter name of individu	ual signing as en	nployer or plan sponsor					

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a Total plan assets			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined . (See instructions.) d of Year 2782701 0 2782701 Total		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.) d of Year 2782701 0 2782701 Total		
Part III Financial Information Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End 8 Total plan assets Ta 3251962 9 Total plan liabilities (a) Beginning of Year (b) End 9 Total plan assets Ta 3251962 10 Total plan liabilities Total plan	(See instructions.) d of Year 2782701 0 2782701 Total		
7 Plan Assets and Liabilities 7 (a) Beginning of Year (b) End a Total plan assets 7 2 3251962 b Total plan liabilities 7 7 5 0 0 c Net plan assets (subtract line 7b from line 7a) 7 5 0 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) 7 0 0 c Ontributions received or receivable from: (1) Employers 8 (a) 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2782701 0 2782701 Total		
a Total plan assets	2782701 0 2782701 Total		
a Total plan assets	2782701 0 2782701 Total		
C Net plan assets (subtract line 7b from line 7a)	2782701 Total		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	Total		
a Contributions received or receivable from: (1) Employers			
(1) Employers	-9703		
(a) Others (including rollovers)	-9703		
b Other income (loss)	-9703		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-9703		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	-9703		
to provide benefits)			
f Administrative service providers (salaries, fees, commissions)			
g Other expenses (add lines 8d, 8e, 8f, and 8g)			
h Total expenses (add lines 8d, 8e, 8f, and 8g)			
i Net income (loss) (subtract line 8h from line 8c)			
j Transfers to (from) the plan (see instructions)	459558		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins 2E 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits.	-469261		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins 2E 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits.			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instr			
	structions:		
	ructions:		
Part V Compliance Questions			
10 During the plan year: Yes No	Amount		
a 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)			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			
C Was the plan covered by a fidelity bond?	150000		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100000		
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.)			
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 2520.101-3.)			
i 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			

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1 3111 3333 31 (2313)	i ago 🗸 📑

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	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?		:	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 instructions, and granting the waiver	d enter t Day		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			
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?		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 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)

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).

▶ 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

		dentification into			The second second		. /0				
For calendar pla	n year 2018 or fisc	cal plan year beginning		01/2018	and ending		1/2018				
A This return/re	port is for:	X a single-employer p	Jian Lis	st of participating em	an (not multiemployer) (F ployer information in acc						
		a one-participant p	lan 📙 a	foreign plan							
B This return/re	ont is	the first return/repo	rt [] the	e final return/report	final return/report						
		an amended return	/report as	short plan year returr	n/report (less than 12 mo	onths)					
C Check box if	filing under:	☐ Form 5558	— П аг	utomatic extension	Γ	DFVC pr	ogram				
	g	special extension (dismails skishelen	L	_ 5, (0 p.	og.a				
Part II Ba	sic Plan Infor	rmation—enter all re		on							
1a Name of pla		mation enter air re	questeu illomati	011		1b Three	-diait				
•	IN AU 401K	PLAN				plan r	number	u			
						(PN)		001			
						1c Effect 01/	ive date o 01/200				
		er, if for a single-emplo				145555000000000000000000000000000000000	•	fication Number			
		n, apt., suite no. and st e, country, and ZIP or fe			uctions)		68-061				
•	in AU LLC	,,		(3,	,		sor's telep -443-8	hone number			
2200 Wa	storn Aven	ue, Suite 301						(see instructions)			
2200 We	stern Aven	ue, suice sui									
Seattle		WA	98121			5413	541310				
3a Plan admini	3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN					
							ilotrator o	telephone number			
4 If the name	and/or EIN of the	plan sponsor or the pl nsor's name, EIN, the p	an name has char	nged since the last re	eturn/report filed for ne last return/report	4b EIN					
a Sponsor's n		ioor o namo, Em, mo p	nati ina ina ina ina	, plan name a		4d PN					
C Plan Name											
Fo. Tatalanash			plan year			5a		43			
_		at the beginning of the at the end of the plan y				5b		37			
		actine end of the plan y account balances as of				5c					
complete th	nis item)					5d(1)		27			
` '		ticipants at the beginni				5d(1)		28			
		ticipants at the end of terminated employmen									
than 100%	vested					5e		(
Caution: A pen	alty for the late of	or incomplete filing of	this return/repo	I declare that I have	unless reasonable cau examined this return/rep	ort includir	lished.	cable a Schedule			
SB or Schedule	MB completed an correct, and comp	nd signed by an enrolle	d actuary, as well	as the electronic ver	sion of this return/report	, and to the	best of m	y knowledge and			
SIGN 7	-MM	MAn			Edward Weinste	ein					
HEDE -	nature of plan ac	dministrator		Date 5 18.19	Enter name of individu	ual signing a	ıs plan adı	ministrator			
SIGN	or plant at					J					
HERE	nature of emplo	yer/plan sponsor		Date	Enter name of individu	ual signing a	is employe	er or plan sponsor			
Sig	Harrie of elliblo	yen pian aponaoi		Date	L Entor Harrie or marvide	and organized of	citipicy	5500 05 (0540)			

	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 a							
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	and condition	ons.)					s No
_	If you answered "No" to either line 6a or line 6b, the plan cann							ermined
С	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					*****	(See instr	
	If Yes is checked, enter the My PAA commutation humber from the	e r bGC pie	emilian ming for this pr	all year				<u> </u>
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of		_		(b) End of Year	
а	Total plan assets	7a	3,	251,	962		2,7	82,701
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	3,	251,	962		2,7	82,701
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		200,	083			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		209,	786			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-9,703
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		459,	-			
е	Certain deemed and/or corrective distributions (see instructions)	8e			251			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						59,558
1	Net income (loss) (subtract line 8h from line 8c)	8i					_ 4	69,261
j	Transfers to (from) the plan (see instructions)	8j			0			
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature coo	des from the List of Pla	an Chai	acteris	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	cterist	ic Code	es in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	D. Till Life (March & March &	oluntary Fi	duciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		х		
	Was the plan covered by a fidelity bond?			10c	Х]	50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
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.)	ne or all of t	he benefits under	10e		х		
f	12.000			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		х		
_ r	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	he required	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 (Form 5500) and line 11a below)								Y	es 🗌 No
11a	Enter the unpaid minimum required contribution	s for all years from	Schedule SB (For	rm 5500)	line 40		11a			
12	Is this a defined contribution plan subject to the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 1	minimum funding	requirements of se	ection 412	of the	Code or sec	ion 302	of	Y	es X No
a	If a waiver of the minimum funding standard for granting the waiver	a prior year is bein	g amortized in this					r the date ay	of the lette Year	ruling
If	you completed line 12a, complete lines 3, 9, a	nd 10 of Schedule	MB (Form 5500)	, and skij	p to lin	e 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 pla	an year	11(1000001)11			12c			
d	Subtract the amount in line 12c from the amount negative amount)		,		•		12d			
е	Will the minimum funding amount reported on li	ne 12d be met by th	ne funding deadlin	e?	**********] [Yes	No [N/A
Part	VII Plan Terminations and Transfer	s of Assets								
13a	Has a resolution to terminate the plan been adopte	d in any plan year?		a998890 · · · 6				Yes	s X N)
	If "Yes," enter the amount of any plan assets the	at reverted to the er	mployer this year .				13a			
b	Were all the plan assets distributed to participal control of the PBGC?								Yes X	No
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred.	were transferred fro	om this plan to and	other plan	ı(s), ide	entify the plan	(s) to			
	13c(1) Name of plan(s): 13c(2)					(2) EIN(s	s)	13c(3)	PN(s)	
								,		
_										