-	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	etirement	2014					
Employee B	partment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	ISA), and sections 605 venue Code (the Code		Internal	This Form is Open to Public Inspection		
	nefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	uctions to the Form 55	500-SF.			
Part I	Annual Report Ic	lentification Information al plan year beginning 01/01/2014		and ending 12	/31/2014			
	urn/report is for:	a single-employer plan     a one-participant plan			(Filers chec	king this box must attach a list he form instructions)		
<b>B</b> This retu	ırn/report is		the final return/report a short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558       special extension (enter description)	automatic extension n)		_ D	FVC program		
Part II	Basic Plan Inform	nation—enter all requested information	ation					
<b>1a</b> Name BOXLIGHT	of plan 401(K) PLAN				<b>1b</b> Thre plan (PN)	number		
					1c Effect	ctive date of plan 01/01/2011		
2a Plan s BOXLIGHT	oonsor's name and addr	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identification Number ) 26-4527247		
151 NE STA	FE HWY 300				2c Spor	nsor's telephone number 360-464-2119		
BELFAIR, W	A 98528				2d Business code (see instructions) 334310			
3a Plan a	dministrator's name and	address Same as Plan Sponsor.			3b Adm	inistrator's EIN		
4 If the r	name and/or EIN of the p	olan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	<b>4b</b> EIN	inistrator's telephone number		
	EIN, and the plan numb or's name	per from the last return/report.			<b>4c</b> PN			
		the beginning of the plan year			5a	16		
<b>b</b> Total i	number of participants at	the end of the plan year			5b	14		
		count balances as of the end of the p			5c	11		
<b>d(1)</b> Tota	al number of active partic	cipants at the beginning of the plan ye	ear		5d(1)	13		
<b>d(2)</b> Tot	al number of active partie	cipants at the end of the plan year			5d(2)	13		
		ninated employment during the plan			5e	0		
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/rep r penalties set forth in the instruction signed by an enrolled actuary, as we tete.	s, I declare that I have	examined this return/rep	oort, includii	ng, if applicable, a Schedule		
SIGN	Filed with authorized/va							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN HERE Preparer's	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (includ	Date e room or suite numbe			as employer or plan sponsor s telephone number (optional)		
		and OMB Control Numbers, see the ins		05		Form 5500-SF (2014)		

	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·					X	Yes	No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	•	· ·	`	,			X	Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,						1		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	Not	t deterr	nined	
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		
а	Total plan assets	. 7a	844	95					11446	69	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	844	95					11446	69	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Total			
а	Contributions received or receivable from:	. 8a(1)		0							
	(1) Employers	. 8a(2)	333	897							
-	(3) Others (including rollovers)	. 8a(3)									-
	Other income (loss)	. 0a(3) . 8b	51	91							-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							3858	38	-
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d	86	514							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			_						
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			_				86		
	Net income (loss) (subtract line 8h from line 8c)	. 8i			_				2997	74	_
	Transfers to (from) the plan (see instructions)	. 8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2J	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ctions	6:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instruc	ions:			-
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cori	rection Program)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x					
С	Was the plan covered by a fidelity bond?			10c	x					30000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x					
е	Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance carrier,								
	insurance service, or other organization that provides some or all instructions.)			10e		x					
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	as of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	-							
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	u-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and com	plete	Scheo	dule SE	B (Form		,	_	-
	5500) and line 11a below)								Yes	X No	
	Enter the unpaid minimum required contribution for current year fu	rom Sched	ule SB (Form 5500) line 39			11a		<b>—</b>	1		
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)								_

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service	This form is required to be	of This Form is Open to Public							
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Security A the In								
_	Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-S								
_		dentification Information								
For	calendar plan year 2014 or fisc	_	01/01/2014			2/31/2014				
A	This return/report is for:	x a single-employer plan		er plan (not multiemployer) ployer information in accor						
в	This return/report is:	the first return/report	the final return/rep	ort						
		an amended return/report	a short plan year r	eturn/report (less than 12 n	nonths)					
~	Ohardahar (68)				ſ					
C	Check box if filing under:	Form 5558	automatic extension	n	l	DFVC progra	am			
		special extension (enter descri			_					
-	Art II Basic Plan Infor Name of plan	mation enter all requested i	nformation		11	Three-digit	1			
Ia						plan number				
	Boxlight 401(k) Plar	1			1	(PN) ►	001			
					10	Effective date of 01/01/2011	No			
2a		ress; include room or suite numbe	er (employer, if for a sin	gle-employer plan)	2b		ification Number			
	BOXLIGHT					(EIN) 26-45	27247			
					2c	Sponsor's telep				
	151 NE STATE HWY 300				24	(360) 464-				
	US BELFAIR WA 98528				20	d Business code (see instructions) 334310				
3a		address X Same as Plan Spo	nsor Name		3b	b Administrator's EIN				
4	If the name and/or EIN of the name, EIN, and the plan number	plan sponsor has changed since t	he last return/report file	d for this plan, enter the	4b	EIN				
а	Sponsor's name	ber nom me last returnineport.			4c	DN				
-		t the beginning of the plan year			5a		16			
b		t the end of the plan year			5b		14			
С	Number of participants with ac	ccount balances as of the end of t	he plan year (defined b	enefit plans do not	5c	:	11			
d		cipants at the beginning of the pla			5d(	1)	13			
-		cipants at the end of the plan year			5d(		13			
6	Number of participants that ter	rminated employment during the p		benefits that were						
_	less than 100% vested				50		0			
Ca	ution: A penalty for the late o	r incomplete filing of this return	n/report will be asses	sed unless reasonable ca	use is d	established.				
SE		er penalties set forth in the instruct d signed by an enrolled actuary, a lete.								
	IGN AMALLE	1	6/1/15							
1.388	ERE Signature of plan admin	nistrator	Date	Enter name of individu	al sioni	ng as plan adm	inistrator			
	A AL	-	6/1/2015			J				
11,000	ERE Bignature of employer/	plan sponsor	Date	Enter name of individu	al signi	ng as employer	or plan sponsor			
Pr	And a start of the second of the second	ame, if applicable) and address; in		the second s	-		number (optional)			
Ec	Panerwork Reduction Act N	otice and OMB Control Number	rs see the instruction	s for Form 5500-SF		F	orm 5500-SF (2014)			

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6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)					X Yes	No
	re you claiming a waiver of the annual examination and report of a			(IQPA	.)			atomia a	
u	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind conditions	.)					X Yes	No
H	you answered "No" to either line 6a or line 6b, the plan canno	ot use Form !	5500-SF and must instead u						
c lf	the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 4021	)? .	L	Yes	∐ No	Not de	termined
Par	t III Financial Information								
7 P	lan Assets and Liabilities		(a) Beginning of Year			(	b) End o	f Year	
ат	otal plan assets	. 7a	84,49	95			_	114,	469
b T	otal plan liabilities	. 7b			<u> </u>				
	let plan assets (subtract line 7b from line 7a)	. 7c	84,49	95				114,	469
	come, Expenses, and Transfers for this Plan Year contributions received or receivable from:		(a) Amount		-		(b) To	otal	and a set
1977	1) Employers	. 8a(1)		0	1212				
(	2) Participants	. 8a(2)	33,39	97					1. C. C. C.
(	3) Others (including rollovers)	. 8a(3)			ALC:			and the second second	
b	Other income (loss)	. 8b	5,19	91				(Calendary)	
CT	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		e lete				38,	588
	enefits paid (including direct rollovers and insurance premiums		9.61		5.61				4628
	o provide benefits)		8,61	.4	-				
	Certain deemed and/or corrective distributions (see instructions)	. 8e		_	-				
10.00 M	Administrative service providers (salaries, fees, commissions)	. 8f			1111		Carlos Carlos		
-	Other expenses					1000	1925	0	614
1101 13	otal expenses (add lines 8d, 8e, 8f, and 8g)				-			29,	a second
	let income (loss) (subtract line 8h from line 8c)				10000	194E		29,	974
-	Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics	. 8j				11/2 22	1.	11 - 27 (ST)	
	the plan provides welfare benefits, enter the applicable welfare fe	ature codes fi	om the List of Plan Character	nstic (	odes	in the in	istruction	IS:	
Par					Vee	No			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions within th	e time period described in		Yes	No		Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		· 2014년 2011년 2011년 2011년 2017년 2	10b		x			
C	Was the plan covered by a fidelity bond?			10c	х			3	30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x			
				10g		1.00			
	Did the plan have any participant loans? (If "Yes," enter amount a			iug	_	x	2:0013	A. G. A. A.	-
	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							Yes	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedule	SB (Form 5500) line 39						
12	Is this a defined contribution plan subject to the minimum funding			r sect	ion 30	2 of ER	ISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	le.)						

	Form 5500-SF 2014	Page 3-				
lf yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		12d			
	Will the minimum funding amount reported on line 12d be met by the funding			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?		V	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					
	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the pla	n(s) to			
1:	3c(1) Name of plan(s):		13c(2) EIN	(s) 13c(3) PN(s)		
Part	VIII Trust Information (optional)			I		
14a N	Name of trust	<b>14b</b> T	14b Trust's EIN			