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

2014

This Form is Open to Public Inspection

Part I		t Identification Information						
For calenda	ar plan year 2014 or	fiscal plan year beginning 04/01/2	2014	and ending 03/	/31/2015			
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (loyer information in accord				
	a one-participant plan a foreign plan					,		
B This retu	urn/report is	the first return/report the final return/report						
	·	urn/report (less than 12 me	onths)					
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC p	rogram		
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested in	nformation					
1a Name		·			1b Three-digit			
MICONTRO	LS, INC. 401(K) PLA	AN			plan numbe			
					(PN)	002		
					1c Effective da	04/01/1988		
2a Plan s _i MICONTROL		address; include room or suite numb	per (employer, if for a sing	le-employer plan)		dentification Number 91-1259920		
DO BOY 90	606					telephone number		
P.O. BOX 80 SEATTLE, W	/A 98108-0686				_	ode (see instructions)		
						123700		
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrat	or's EIN		
					3c Administrat	or's telephone number		
		he plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN			
name, a Sponse		umber from the last return/report.			4c PN			
		ts at the beginning of the plan year			5a	37		
_		ts at the end of the plan year			5b	36		
C Numb	er of participants wit	h account balances as of the end of	f the plan year (defined be	nefit plans do not	5c			
	,	participants at the beginning of the p			5d(1)	26		
d(2) Tota	al number of active r	participants at the end of the plan ye	ear		5d(2)	29		
e Numbe	r of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	0		
		e or incomplete filing of this return other penalties set forth in the instru						
SB or Sche		and signed by an enrolled actuary,						
SIGN		d/valid electronic signature.	07/14/2015	STEPHEN A. ROE				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plar	n administrator		
SIGN								
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as emp	oloyer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (ber) (optional)		none number (optional)		

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b .	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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot waiter the plan canno	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information				1		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	18118	363			1852802
	Total plan liabilities	7b	10116				1050000
	Net plan assets (subtract line 7b from line 7a)	7c	18118	363			1852802
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	191	01			
	2) Participants	8a(2)	1192	285			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	1144	189			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					252875
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	2113	361			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	5	575			
<u>g</u> (Other expenses	8g			_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					211936
	Net income (loss) (subtract line 8h from line 8c)	8i					40939
_ J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions						
10	During the plan year:				Yes	No	Amount
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		200000
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 insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X		1861
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Х	
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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1						
For calenda	r plan year 2014 or fi	scal plan year beginning	04/01/2014	and ending	03/31/2	015			
A This retu	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)								
_		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter desc	приоп)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name of MICONTR	of plan OLS, INC. 401	1(K) PLAN			1b Three-digit plan numbe (PN) ▶	er 002			
					1c Effective da 04/01/1				
	oonsor's name and accols, Inc.	ddress; include room or suite numb	per (employer, if for a single	-employer plan)	2b Employer Id (EIN) 91-	lentification Number 1259920			
P.O. Bo	x 80686				2c Sponsor's t	elephone number -0140			
					2d Business co	ode (see instructions)			
Seattle		WA 98108-068			423700				
3a Plan ac	dministrator's name a	nd address XSame as Plan Spon	nsor,		3b Administrate	or's EIN			
4 If the n	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan enter the	4h FIN				
	EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN 4c PN				
name, a Sponso	EIN, and the plan nu or's name				4c PN	37			
name, a Sponso	EIN, and the plan nu or's name number of participants	umber from the last return/report.			4c PN 5a	37 36			
name, a Sponso 5a Total r b Total r C Numbe	EIN, and the plan nu or's name number of participants number of participants er of participants with	umber from the last return/report.	f the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c				
name, a Sponso 5a Total r b Total r C Number complete	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year. s at the end of the plan year	f the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	36 26			
name, a Sponso 5a Total r b Total r c Number completed(1) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) al number of active pa	s at the beginning of the plan year as at the end of the plan year account balances as of the end of	f the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	36 26 36			
name, a Sponso 5a Total n b Total n c Number comple d(1) Tota d(2) Tota e Number	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) al number of active pa r of participants that the	an ber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year I account balances as of the end of articipants at the beginning of the plan year terminated employment during the	f the plan year (defined ben plan yearearearearearplan year with accrued ben	efit plans do not	4c PN 5a 5b 5c	36 26			
name, a Sponso 5a Total n b Total n c Number completed(1) Total d(2) Total e Number less that	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that the	amber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. If account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the	f the plan year (defined ben plan year ear plan year with accrued ben	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	36 26 36 29			
name, a Sponso 5a Total n b Total n c Number completed(1) Total d(2) Total e Number less the Caution: A Under pena	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa or of participants that the an 100% vested	an ber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year It account balances as of the end of articipants at the beginning of the plan year terminated employment during the corresponding of this returning the penalties set forth in the instrument signed by an enrolled actuary,	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if a	36 26 36 29 0			
name, a Sponso 5a Total r b Total r C Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa or of participants that the an 100% vested	an ber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year It account balances as of the end of articipants at the beginning of the plan year terminated employment during the corresponding of this returning the penalties set forth in the instrument signed by an enrolled actuary,	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established eport, including, if a ort, and to the best contact the second contac	36 26 36 29 0			
name, a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penass or Schebelief, it is t	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa or of participants that the an 100% vested	and signed by an enrolled actuary, notes.	olan year (defined ben bear bear bear with accrued ben bear with accrued ben bear will be assessed uctions, I declare that I have as well as the electronic ve	efit plans do not efits that were unless reasonable call examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best cooperation.	36 26 36 29 0 i. pplicable, a Schedule of my knowledge and			
name, a Sponso 5a Total r b Total r c Number completed(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa or of participants that the an 100% vested penalty for the late atties of perjury and or dedule MB completed attue, correct, and con	and signed by an enrolled actuary, notes.	olan year (defined ben bear	efit plans do not efits that were unless reasonable car examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best cooperation.	36 26 36 29 0 i. pplicable, a Schedule of my knowledge and			
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that it an 100% vested penalty for the late alties of perjury and of dule MB completed a true, correct, and corr Signature of plan Signature of empl	at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the cor incomplete filing of this return there penalties set forth in the instruction of the plan year and signed by an enrolled actuary, applete.	f the plan year (defined ben plan year	efit plans do not efits that were unless reasonable ca examined this return/repo STEPHEN A. RO Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a art, and to the best cooperation of the coopera	36 26 36 29 0 i. pplicable, a Schedule of my knowledge and			
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	EIN, and the plan nuor's name number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that it an 100% vested penalty for the late alties of perjury and of dule MB completed a true, correct, and corr Signature of plan Signature of empl	and signed by an enrolled actuary, notes.	f the plan year (defined ben plan year	efit plans do not efits that were unless reasonable ca examined this return/repo STEPHEN A. RO Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a art, and to the best cooperation of the coopera	36 26 36 29 0 i. pplicable, a Schedule of my knowledge and			

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	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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be under the p	an indepen and condition	dent qualified public accounta	nt (IQ	PA)				X Yes		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						∏No [] No	t deter	mine	ed
	t III Financial Information									_	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) En	d of '	/ear		
а	Total plan assets	7a		1186	3		12/			352	802
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	183	1186	3				18	352	802
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ì		
а	Contributions received or receivable from:				-		137				
	(1) Employers	8a(1)		1910	_	_					
_	(2) Participants	8a(2)	1	1928	5			_	_	_	
((3) Others (including rollovers)	8a(3)				-					
	Other income (loss)	8b	11	1448	9						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								252	875
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2:	1136	1						
e	Certain deemed and/or corrective distributions (see instructions)	8e						т			_
	Administrative service providers (salaries, fees, commissions)	8f		57	5						
g	Other expenses	8g						_	_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								211	936
T	Net income (loss) (subtract line 8h from line 8c)	8i		_	1						939
j	Transfers to (from) the plan (see instructions)	1 1				-					
Pai	t IV Plan Characteristics	8j								-	_
b Par	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan plan provides welfare for the plan plan plan plan plan plan plan plan	eature code	es from the List of Plan Charac	cteristi	c Cod	es in t	he instruc	tions	:		
10	During the plan year:				Yes	No		Ar	nount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	X					200	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х					
е	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 bene	efits under the plan? (See	10e	х					1	L861
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	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 exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "\	es," see instructions and com	plete	Sched	dule St	3 (Form		Yes		No
118	Enter the unpaid minimum required contribution for current year for					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter th		the Ye		ıling	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	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	ar	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resnegative amount)	sult (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund			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 X No		
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?	ferred to another plan, or brought under th	e control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)			-	1-1	
i i	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					
	Name of trust		14b T	rust's EIN		