Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit SYSTIMA TECHNOLOGIES, INC. 401(K) PLAN plan number (PN) ▶ 001 Effective date of plan 06/03/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SYSTIMA TÉCHNOLOGIES, INC. (EIN) 27-0011081 Sponsor's telephone number 425-487-4020 10809 - 120TH AVE. N.E. KIRKLAND, WA 98033 Business code (see instructions) 541330 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 36 Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 31 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 36

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	10/07/2015	TOM PRENZLOW					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor					
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional				

5d(2)

5e

37

0

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	(PA)			X Yes	
С	if 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 dete	rmined
Par	t III Financial Information	1	1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		100
	Total plan assets	7a	22053	396				2541	432
	Total plan liabilities	7b	22053	206				2541	132
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,			/b\ T		102
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	970						
	(2) Participants	8a(2)	1890						
	(3) Others (including rollovers)	8a(3)	-	181					
	Other income (loss)	8b	1477	64					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						443	308
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1035	524					
е	Certain deemed and/or corrective distributions (see instructions)	8e	8	383					
f	Administrative service providers (salaries, fees, commissions)	8f	28	365					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						107	
	Net income (loss) (subtract line 8h from line 8c)	8i						336	036
	Transfers to (from) the plan (see instructions)	8j							
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	tic Coc	les in t	he instructi	ons:	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	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				95000
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 ber	efits under the plan? (See	10e	X				22
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 a	s of year	end.)	10g	X				11288
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	X				
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Yes	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			o#! = :	g := -1	.nt '	 	na la#	ulin ~
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		ne letter r Year	uling

	Form 5500-SF 2014	Page 3 - 1			
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?		🔲 Y	′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

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

OMB Nos. 1210-0110 1210-0089

2014

Pension Benefit Guaranty Corporation	_	Revenue Code (the Co			This	Form is Open to					
Part I Annual Report Identification Information Public Inspection Public Inspection											
For calendar plan year 2014 or fi	identification information				'''						
	a single-employer plan		and ending	12/31/2014							
A This return/report is for:		a multiple-employe	r plan (not multiemployer) (Filers chec	king this b	ox must attach a lis					
	a one-participant plan	a foreign plan	ployer information in acco	cordance with the form instructions)							
B This return/report is	the first return/report	<u> </u>									
·	an amended return/report	the final return/repor									
	-	∐a snort plan year ret	rum/report (less than 12 n	nonths)							
C Check box if filing under:	X Form 5558	automatic extension	1	DFVC program							
	special extension (enter descrip	tion)		Пп	v C progra	am					
Part II Basic Plan Info											
1a Name of plan	rmation—enter all requested infor	mation			***************************************						
SYSTIMA TECHNOLOGIES, INC.	404//-> DLAN			1b Three	e-digit						
	401(K) FLAM				number	004					
				(PN)		001					
				1C Effect	tive date o 3/2002	fplan					
2a Plan sponsor's name and add	fress; include room or suite number	(employer, if for a single	e-employer nlan)	 							
SYSTIMA TECHNOLOGIES, INC.			o omproyor plany	ZD Emplo	27-001100	ication Number					
						none number					
10809 - 120TH AVE. N.E.				Срои		187-4020					
KIRKLAND, WA 98033				2d Busine		see instructions)					
	d address X Same as Plan Sponsor			541330							
and and and	Bame as Plan Sponsor	•		3b Admin	istrator's E	IN					
				30 14-1							
				JC Admin	istrators te	elephone number					
4 If the name and/or FIN of the	olan enonger has about a										
	olan sponsor has changed since the ber from the last return/report	last return/report filed	for this plan, enter the	4b EIN							
a Sponsor's name				4c PN							
5a Total number of participants at	the beginning of the plan year					36					
b Total number of participants at	the end of the plan year			··· 5a							
• Number of participants with ac	COUNT DEIGHOOD SO OF the and of the	-1		5b		42					
	**********		,	5c		31					
Q(1) Total number of active partic	pants at the beginning of the plan	/ear	***************************************								
d(2) Total number of active partic	cipants at the end of the plan year			5d(1)		36					
e Number of participants that term	ninated employment during the plan	***************************************		5d(2)		37					
less than 100% vested	mated employment during the plan	year with accrued bene	efits that were	5e		0					
Caution: A penalty for the late or Under penalties of perjury and other	incomplete filling of this water t										
Under penalties of perjury and other SB or Schedule MB completed and	penalties set forth in the instruction	s, I declare that I have	examined this return/ren	se is establis	hed.						
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, as w	ell as the electronic ver	sion of this return/report,	and to the be	ा applicat est of my ki	le, a Schedule Sowledge and					
SIGN X 12			T	1	,	io inougo una					
		110/2/15	×1 Tom Pren	2 00							
Signature of play adm	inistrator	Date	Enter name of individu	al signing as	plan admir	istrator					
SIGN.											
Signature of employer	/plan sponsor	Date	Enter name of individua	al signing se	ompleves s						
r reparer's name (including firm nam	e, if applicable) and address (includ	e room or suite numbe	r) (optional)	Preparer's te	lephone ni	mber (optional)					
				,	F-2010 110	(optional)					
			Į								
			-								
For Paperwork Reduction Act Notice as	- CUID O				O.A.						

FORII 5500-SF 2014		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. 	of an independ of and condition	tent qualified public accoun	tant (IQPA)					es [
" you will be to blancan into be or line ob, the plan can	inot use For	n 5500-SF and must inete	9/114	o Fac	- EE/	20				
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA section	4021) [*]	?	Ye	s 🛮 No		Not de	termine	
Part III Financial Information								***************************************		
7 Plan Assets and Liabilities		(a) Beginning of Yo	ar	T		(b) E	nd o	f Year		
a Total plan assets	7a	22053	96					25414		
b Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)	7c	22053	96					25414	32	
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	tai		
Contributions received or receivable from: (1) Employers	0-41	070						eledity.	4484	
(2) Participants		970		- 8						
(3) Others (including rollovers)	8a(2)	1890		25						
b Other income (loss)	8a(3)	94		25 R						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b	14770		- 4	100					
Benefits paid (including direct rollovers and insurance premiums	8c				N-12			4433	08	
to provide benefits)	. 8d	10352	24	9						
9 Certain deemed and/or corrective distributions (see instructions)	. 8e	88		87						
Administrative service providers (salaries, fees, commissions)		286								
Other expenses										
n Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			165) 1765)	1,514					
Net income (loss) (subtract line 8h from line 8c)	81		7	0000 0000				1072		
Transfers to (from) the plan (see instructions)				129	State Or co		e 16-11	3360	36	
art IV Plan Characteristics	8			100				0.0		
If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	cteris	tic Cod	des in	the instruc	tions	B:		
During the plan year:				Yes	No	T	Ar	nount	·	
 Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 	ciary Correct	ion Program)	10a		х					
on line 10a.)		ude transactions reported	10b		X	<u> </u>				
			10c	Х					9500	
Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
 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 benefits	under the plan? (See	10e	x			_		2	
f Has the plan falled to provide any benefit when due under the plan	1?	*********************	10f		х	T				
Did the plan have any participant loans? (If "Yes," enter amount as				Х		 				
If this is an individual account plan, was there a blackout period? (\$	See instruction	ins and 20 CED	10g 10h	^ x					1128	
If 10h was answered "Yes," check the box if you either provided the	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			×						
Pension Funding Compliance			101			. 745	1			
Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes,	* see instructions and com	plete :	Sched	ule SE	3 (Form	Г	7 ٧		
Enter the unpaid minimum required contribution for current year fro	m Schedule	SB (Form 5500) (550 20	*******				44	Yes	No	
is this a defined contribution plan subject to the minimum funding r	enuirement-	of norther 440 -54		<u>.</u>	11a		T			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlicable)						Yes	P. 1	
If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized ir	this plan year, see instruc	tions, h	and e	nter th Day	e date of t	he le Yea		ling	

	Form 5500-SF 2014	Page 3 - 1							
<u>H</u>	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500) and skip to line 12							
<u>b</u>	Enter the minimum required contribution for this plan year	total, and skip to mie 15.		12	. 1				
		***************************************		1 ,2	- 1				
C	the difference of the employer to the plan for this plan year			12	. 1				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (120	-				
6	Will the minimum funding amount reported on line 12d be met by the funding	leadline?	•	L	┰┟	7 V-		r	7
Part	Plan Terminations and Transfers of Assets			******		Ye	s	No	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?				ī				
	if "Yes," enter the amount of any plan assets that reverted to the employer this			1		s X	No		
b	vvere all the plan assets distributed to participants or beneficiation assets				`_				
c	of the PBGC?							Yes	X No
1	13c(1) Name of plan(s):								
			7.	3c(2)	EIN	(s)		13c(3)	PN(s)
		ì							
声绘画									
	YIII Trust Information (optional)								
14a I	Name of trust		T	14b	Tne	st's El	N		
						NO LI			