For	m 5500-SF	Short Form Annu	•	•	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 ar		etirement		2015
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection
	nefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.		·
Part I For calenda	Annual Report IC ar plan year 2015 or fisca	lentification Information		and ending 12	2/31/2015		
	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employe	r plan (not multiemployer) employer information in ac	(Filers chec	-	
B This retu	ırn/report is	the first return/report an amended return/report	X the final return/repo	rt turn/report (less than 12 m	onths)		
C Check b	box if filing under:	_] Form 5558	automatic extensio	n		DFVC progr	am
Part II	Basic Plan Inform	special extension (enter desc nation—enter all requested ir					
1a Name	of plan	CORP. 401(K) PROFIT SHAR			(PN)	number	001
					1c Effec	tive date of	plan 1/2001
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.			2b Empl (EIN)	oyer Identif	cation Number
	town, state or province, HNOLOGIES SEATTLE	country, and ZIP or foreign pos CORP.	tal code (if foreign, see ii	nstructions)	2c Spor		none number 6-0900
					2d Busin	ness code (s	see instructions)
UITE 200 EATTLE, W	EVELT WAY NE 'A 98115					5419	90
3a Plan ad	dministrator's name and	address XSame as Plan Spor	sor.		3b Admi	nistrator's E	IN
							elephone number
name,	EIN, and the plan numb	lan sponsor has changed since er from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN		
a Sponso		the heating of the along seen			4c PN 5a		8
		the beginning of the plan year. the end of the plan year			5a 5b		0
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		0
	,	cipants at the beginning of the p			5d(1)		4
• •		cipants at the end of the plan ye	•		5d(2)		0
e Numb than 1	er of participants that ter 100% vested	rminated employment during th	e plan year with accrued	benefits that were less	5e		0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ive examined this return/re	port, includir	ng, if applica	
SIGN	Filed with authorized/va		04/28/2016	THOMAS HALL			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	as plan adm	inistrator
SIGN HERE							
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ		as employe telephone	
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see ti	ne instructions for Form 55	500-SF.			Form 5500-SF (2015)

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	t instea	ant (IQ Id use	PA) Form	5500.	Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined		
Pa			<i>.</i>			1				
	Plan Assets and Liabilities	_	(a) Beginning			_		(b) End of Year		
	Total plan assets	7a 75		121	497 0			0		
	Total plan liabilities	7b 7a		101	-	_		0		
-	Net plan assets (subtract line 7b from line 7a)	7c	() •	121497				-		
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	Int		_		(b) Total		
a	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-3	848					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-3848		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		117	649					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
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						117649		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-121497		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in t	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	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)		,	10a		x				
b		? (Do not i	include transactions	10u		Х				
с	Was the plan covered by a fidelity bond?				х			25000		
d		fidelity bo	nd, that was caused	10c 10d	A	х		25000		
e		ner person: ie or all of	s by an insurance the benefits under	10u	x			1737		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			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			10i						
j	Did the plan trust incur unrelated business taxable income?			10j			х			
Part	VI Pension Funding Compliance				-		•	-		

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution 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 3	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

Page **3** - 1

-					Т				
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling		
lf	you c	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		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?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D	of the PBGC?								
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
				EIN(s)		13c(3)	PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		14b Trust's EIN					
14a	Name	e of trust		140	I rust's E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No			
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test		
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A		

	Short Form Annu	ual Return/Report of	Small Employ	yee		1210-0089			
Department of the Treasury		Benefit Plan ed under sections 104 and 4065	of the Employee Ret	irement	ement				
Internal Revenue Service Department of Labor mployee Benefits Security Administrati	Income Security Act of 197	4 (ERISA), and sections 6057(b) Revenue Code (the Code).	and 6058(a) of the Ir	nternal					
Pension Benefit Guaranty Corporation	ion Complete all entries ir	n accordance with the instruction	ons to the Form 550	0-SF.					
art I Annual Repo	ort Identification Informatio	n	and ending		/2015				
calendar plan year 2015 c	or fiscal plan year beginning		and ending	ac Retirement 2015 This Form is Open the public Inspection 12/31/2015 yer) (Filers checking this box must attach in accordance with the form instructions) 12 months) □ DFVC program 12 months) □ DFVC program 001 (PN) ▶ 1c Effective date of plan on 1/01/2001 2b Employer Identification Number 206-256-0900 2d Business code (see instructions 541990 3b Administrator's EIN 3c Administrator's telephone number 541990 5b 5c 5b 5c 5b 5c 5b 5c 5c </td <td>ist attach a</td>	ist attach a				
This return/report is for:	x a single-employer plan	list of participating employ	rer information in acc	ordance with t	he form instr	uctions)			
	a one-participant plan	X the final return/report							
This return/report is	the first return/report	a short plan year return/re	nort (less than 12 mo	onths)					
	an amended return/report	السبا			/C program				
Check box if filing under:		automatic extension			o program				
	special extension (enter des	scription)							
art II Basic Plan I	Information—enter all requested	information		1b Throp di	igit				
	ES SEATTLE CORP. 401(K)		N	plan nur	nber 001				
						n			
	employer, if for a single-employer plar			(EIN) 9	1-20501	21			
Za Plan sponsors many entrypics, which a subject and street, or P.O. Box) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Cello Technologies Seattle Corp.					2c Sponsor's telephone number 206-256-0900				
6220 Roosevelt W						instructions)			
Suite 200	WA 9811	15							
Seattle	ame and address XSame as Plan Sp			3b Adminis	strator's EIN				
		nce the last return/report filed for	this plan, enter the	4b EIN					
If the name and/or EIN name, EIN, and the pl	N of the plan sponsor has changed si lan number from the last return/repor	t.		4c PN					
name, EIN, and the pl	lan number from the last returninepor								
name, EIN, and the pl a Sponsor's name 5a Total number of partic	lan number from the last return report	ear		. 5a					
name, EIN, and the pl a Sponsor's name 5a Total number of partic b Total number of partic	cipants at the beginning of the plan year	ear	t plans do not	5a 5b					
name, EIN, and the pl a Sponsor's name 5a Total number of partic b Total number of partic c Number of participant c complete this item)	cipants at the beginning of the plan year cipants at the end of the plan year ts with account balances as of the en	ear d of the plan year (defined benefi	t plans do not	5a 5b 5c					
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name, EIN, and the pl a Sponsor's name b Total number of partic b Total number of participant complete this item) d(1) Total number of act d(2) Total number of act e Number of participant than 100% vested Caution: A penalty for the Under penalties of perjury BB or Schedule MB completies of perjury BB or	cipants at the beginning of the plan year cipants at the end of the plan year ts with account balances as of the en ctive participants at the beginning of the ctive participants at the end of the plan ts that terminated employment durin the late or incomplete filing of this r y and other penalties set forth in the in pleted and signed by an enrolled acturn of complete.	ear ear id of the plan year (defined benefined he plan year ig the plan year with accrued benefined return/report will be assessed un nstructions, I declare that I have e ary, as well as the electronic vers <u>4/28/16</u> Date <u>4/28/16</u> Date <u>1/28/16</u> Date	t plans do not efits that were less nless reasonable c mamined this return/r ion of this return/report Thomas Hall Enter name of indiv Thomas Hall Enter name of indiv	. 5a 5b 5c 5d(1) . 5d(2) . 5e ause is establ report, includin ort, and to the idual signing a	best of my kins plan admir	nistrator or plan spons			
name, EIN, and the pl a Sponsor's name b Total number of partic b Total number of participant complete this item) d(1) Total number of act d(2) Total number of act e Number of participant than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB completelief, it is true, correct ar SIGN HERE Signature of SIGN HERE	Ian number from the last return report cipants at the beginning of the plan year ts with account balances as of the en ctive participants at the beginning of the ctive participants at the end of the plan that terminated employment durin the late or incomplete filing of this r y and other penalties set forth in the ir bleted and signed by an enrolled actu nd complete.	ear ear id of the plan year (defined benefined he plan year ig the plan year with accrued benefined return/report will be assessed un nstructions, I declare that I have e ary, as well as the electronic vers <u>4/28/16</u> Date <u>4/28/16</u> Date <u>1/28/16</u> Date	t plans do not efits that were less nless reasonable c mamined this return/r ion of this return/report Thomas Hall Enter name of indiv Thomas Hall Enter name of indiv	. 5a 5b 5c 5d(1) . 5d(2) . 5e ause is establ report, includin ort, and to the idual signing a	best of my kins plan admir	nistrator or plan spons			

For Paperwork Reduction Act Notice and OMB Control Numbers, s

	Form 5500-SF 2015		Page Z		
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi iot use For	dent qualified public accountant (IQP ons.) m 5500-SF and must instead use F	A) Form 5500.	X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section 4021)?	Yes No	Not determined
Pa	rt III Financial Information				
		1 1	(a) Deminning of Voor	1 (b) Er	nd of Year

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
1		7a	121497	0
<u>a</u>	Total plan assets	7b	0	0
b	Total plan liabilities		121497	0
С	Net plan assets (subtract line 7b from line 7a)	7c	121471	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	80(1)	0	
	(1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	-3848	
 C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-3848
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		117649	
e	Certain deemed and/or corrective distributions (see instructions)		0	
f	Administrative service providers (salaries, fees, commissions)	1	0	
<u> </u>	Other expenses	. 8g	0	
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		117649
i	Net income (loss) (subtract line 8h from line 8c)	1		-121497
- <u>i</u>	Transfers to (from) the plan (see instructions)			
	t IV	<u>.</u>		

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 instructions: 2F 2G 2J 2K 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

Fair					N/A	Amount
10	During the plan year:	_ ^v	es I	No	N/A	Amount
	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) 10	a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10	b		х		
С	Was the plan covered by a fidelity bond?	c	x			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d		Х		
e	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.)		x			173
f	Has the plan failed to provide any benefit when due under the plan? 10	f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10	g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h		Х		
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	Di				
j	Did the plan trust incur unrelated business taxable income? 1)j			X	
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)				T	
11a	Enter the unpaid minimum required contribution 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 sec	ction	302 of	ERISA? Yes X No

Form 5500-SF 2015 Page 3 -	T			
the time to be there take take take take had and take below as applicable.)				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and areating the waiver.	enter the Day	date of the Ye	letter ruling ear	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	4.01			
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				
 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		<u> </u>	
 Will the minimum funding amount reported on line 12d be met by the funding deadline? 		Yes	No 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?		X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	X	Yes 🗌 No)
 C 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			
13c(1) Name of plan(s): 13c(1) Name of plan(s):	2) EIN(s)		13c(3) PN	(s)
Part VIII Trust Information				
14a Name of trust	14b	Trust's EIN		
14c Name of trustee or custodian Part IX IRS Compliance Questions		Trustee's o telephone	number	
(1) 不知道:2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (Y	es	No	
 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 	[] k	Design- based safe harbor method	ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	ΓY	'es	No	
2(a)(2)(ii))?	1 1 1 1	Ratio percentage test	Aver bene	rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	י 🗌	/es	No	
17a Has the plan been timely amended for all required tax law changes?		/es		N/A Nstructions
1/b Date the last plan amendmentment for the required tax fait on angle that any p		able code		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su and the letter's serial number				<u></u>
 advisory letter, enter the date of that ravorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter 				
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?. 				
19 Were in-service distributions made during the plan year?		Yes	No	
If "Yes," enter amount				
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or n	at [7]	Yes	No	∏ N/A