Form 550	0-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Internal Revenue		This form is required to be filed		4065 of the Employee Retir	rement	ment <b>2015</b>			
Department of I Employee Benefits Securit Pension Benefit Guaran	y Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Int e).	ternal	This Form is Open to Public Inspection			
		<ul> <li>Complete all entries in a lentification Information</li> </ul>	ccordance with the inst	ructions to the Form 5500	0-SF.		-		
		al plan year beginning 01/01/20	015	and ending 12/3	1/2015				
A This return/report	is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (F nployer information in acco		0			
<b>B</b> This return/report	is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mon	ths)				
C Check box if filing	under:	Form 5558	automatic extension			DFVC progr	am		
		special extension (enter descri	,						
Part II         Basic           1a         Name of plan           TECPLOT, INC. 401(F		nation—enter all requested info	ormation		(PN)	number	001		
					IC Effec	ctive date of 07/01	pian 1/1999		
Mailing address	(include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta			2b Emp (EIN)		ication Number 146639		
TECPLOT, INC.						2c Sponsor's telephone number 425-653-1200			
PO BOX 52708				2	2d Busii	ness code (	see instructions)		
BELLEVUE, WA 98015	5					5415	11		
3a Plan administrate	or's name and	address XSame as Plan Spons	or.	3	<b>3b</b> Adm	inistrator's E	EIN		
4 If the name and		lan sponsor has changed since t	he last return/report filed		4 <b>b</b> EIN		elephone number		
		er from the last return/report.	ne last return/report lieu		4C PN				
· · · ·	participants at	the beginning of the plan year			5a		55		
		the end of the plan year			5b		56		
	•	count balances as of the end of t		•	5c		54		
<b>d(1)</b> Total number	of active partic	cipants at the beginning of the pla	ın year		5d(1)		40		
		cipants at the end of the plan yea			5d(2)		41		
		minated employment during the			5e		0		
		incomplete filing of this return r penalties set forth in the instruc					able o Cabadula		
	completed and	signed by an enrolled actuary, as							
SIGN Filed with		lid electronic signature.	06/18/2016	LISA GREENLEE					
HERE Signatu	re of plan adr	ninistrator	Date	Enter name of individual	l signing	as plan adm	ninistrator		
SIGN HERE	· .	· · ·							
		r <b>r/plan sponsor</b> ne, if applicable) and address (ind	Date clude room or suite numb	Enter name of individual er)		as employe s telephone			
For Paperwork Reduct	ion Act Notice :	and OMB Control Numbers, see the	instructions for Form 5500	-SF.			Form 5500-SF (2015)		

	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	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)		
<b>^</b>	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
	rt III Financial Information	isurance p	rogram (see ERISA se	CUON 4	JZ1)?		res	
<u>га</u>				( )/ .				
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning			_		(b) End of Year
<u>a</u> b	Total plan assets	7a		8435	179	_		8991856
	Total plan liabilities	7b		8435	170			8991856
	Net plan assets (subtract line 7b from line 7a)	7c			179			
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		_		(b) Total
a	(1) Employers	8a(1)		149	063			
	(2) Participants	8a(2)		466	942			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		79	735			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						695740
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		78	437			
e	Certain deemed and/or corrective distributions (see instructions)	8e			409			
f	Administrative service providers (salaries, fees, commissions)	8f			217			
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							139063
i	Net income (loss) (subtract line 8h from line 8c)	8i						556677
i	Transfers to (from) the plan (see instructions)	8i						
Pa	rt IV Plan Characteristics	0,						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in	the instructions:
	2E 2F 2G 2J 2K 3D			<u> </u>				
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plai	n Chara	cterist	ic Coc	ies in tr	ne instructions:
Par	t 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not i	include transactions					
	reported on line 10a.)			10b		Х		
C	, , ,			10c	Х			500000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
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	the benefits under	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	is of year e	end.)	10g	Х			96341
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	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Par	VI Pension Funding Compliance			. • ,				1

ιαι	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form
	5500) and line 11a below) Yes Vo
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 302 of ERISA?

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Page **3** - 1

-										
	(If "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 ru Year	ling			
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract 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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
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.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c	Narr	e of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
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)?					P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		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	<b>Y</b>	es	No				
17a	Has	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//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	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		Υe	S	No				
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	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				

Form 5500-	SF Short Fo	orm Annu	al Return/Report	of Small Emplo	oye	e	OMB Nos. 1210-0110 1210-0089	
Department of the Trea Internal Revenue Serv	sury		Benefit Plan				2015	
Department of Labo Employee Benefits Security Adr	Income Secur	uired to be file ity Act of 1974	d under sections 104 and 4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the	Intern	al	Form is Open to	
Pension Benefit Guaranty Co					-00 0		blic Inspection	
	Report Identification I		accordance with the instr	uctions to the Form 5	500-51	·		
	015 or fiscal plan year begin		01/01/2015	and ending		12/31/20	15	
A This return/report is t	a single-employ	yer plan	a multiple-employer pl list of participating em	an (not multiemployer) ployer information in ac		s checking this	box must attach a	
	a one-participa	nt plan	a foreign plan					
B This return/report is	the first return/r	report	the final return/report					
	an amended re	turn/report	a short plan year return	n/report (less than 12 m	onths	)		
C Check box if filing un						DFVC pro	aram	
Check box in hing un			automatic extension				gram	
	special extension		18. A.					
0.57	an Information—enter a	Ill requested in	formation		41			
<b>1a</b> Name of plan Tecplot, Inc. 4	01(k) Plan				10	Three-digit plan number		
recproc, mc. a	OT(K) FIGH					(PN) 🕨	001	
					1c	Effective date 07/01/199		
	e (employer, if for a single-e		2.2)		2b		tification Number	
Mailing address (inc City or town, state of	lude room, apt., suite no. an r province, country, and ZIP	d street, or P.C or foreign post	). Box) tal code (if foreign, see instr	uctions)	20	(EIN) 91-12		
Tecplot, Inc.	· · · · · · · · · · · · · · · · · · ·				20	Sponsor's tele (425) 653		
					2d	1	(see instructions)	
DO D						541511	(,	
PO Box 52708								
Bellevue	name and address XSame			98015	24	Administrator's	(F1)	
			15.				telephone number	
	EIN of the plan sponsor has plan number from the last re		the last return/report filed for	or this plan, enter the	4b	EIN		
a Sponsor's name					4c	PN		
5a Total number of pa	ticipants at the beginning of	the plan year.			5	a	5	
Control of the Association of the second sec	ticipants at the end of the pla					b	5	
c Number of participa	ints with account balances a	s of the end of	the plan year (defined bene	efit plans do not		с	5	
CONTRACTOR CONTRACTOR	active participants at the beg				5d	(1)	4	
• /							4	
e Number of particip	active participants at the end ants that terminated employr	ment during the	e plan year with accrued be	nefits that were less		e		
Caution: A penalty for	the late or incomplete filin	g of this retur	n/report will be assessed	unless reasonable ca	use is	established.		
Under penalties of periu	ry and other penalties set for pleted and signed by an enr	th in the instru	ctions. I declare that I have	examined this return/re	port, i	ncluding, if appl	icable, a Schedule ny knowledge and	
SIGN X Jun	) lander		x (e/3/16	Lisa Greenlee	2			
HEDE	of plan administrator		Date	Enter name of individ		ning as plan a	Iministrator	
2	012.1 1 10	it	1/2/1/	Danald W		Patro pt	-	
SIGN HERE		us .	111	Portage	. /	oper 13	an alan ananan	
Signature	of employer/plan sponsor ing firm name, if applicable)	and address (i	Date /	Enter name of individ		arer's telephon		
For Boundary I. Badantian	Act Notice and OMB Control	lumbore soo th	instructions for Form 5500.	SF			Form 5500-SF (2015)	

	Form 5500-SF 2015		Page 2						
b	Were all of the plan's assets during the plan year invested in eligit 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 canr	an independ and condition	dent qualified public a	iccount	ant (IQ	PA)			X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in							]No 🗌	Not determined
Par	t III Financial Information						_		¥
7	Plan Assets and Liabilities		(a) Beginning			_		(b) End o	f Year
а	Total plan assets	. 7a		8,43	5,17	9	_		8,991,85
b	Total plan liabilities	. 7b		9 9 5 5		_			
с	Net plan assets (subtract line 7b from line 7a)	. 7c		8,43	5,17	9	_		8,991,85
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int	_			(b) To	tal
	Contributions received or receivable from:	8=(1)		14	9,06	3			
	(1) Employers	. 8a(1)			6,94	_	1.12210-0		A Sector
_	(2) Participants	. 8a(2)		10	0101	-	(	Tille yes	Carlor Carlor Har
	(3) Others (including rollovers)	8a(3)		7	9,73	5			
	Other income (loss)	. 8b		1.	,15				695,74
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			200.00				000,11
	to provide benefits)	8d		7	8,43	7			
	Certain deemed and/or corrective distributions (see instructions)	. 8e		2	4,40	9	14.8.8		
f	Administrative service providers (salaries, fees, commissions)	. 8f		3	6,21	7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	Other expenses	. 8g							
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			1				139,06
	Net income (loss) (subtract line 8h from line 8c)			12,000	1				556,67
	Transfers to (from) the plan (see instructions)	8j					1.2.3	1.200	
Par		0			_				
B	2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applic	feature code	es from the List of Pla	n Chara	acteris	tic Coo	des in the	e instructio	ons:
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary Fie	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х		1		500,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e	3	x			
f	Has the plan failed to provide any benefit when due under the plan								
-				10f		Х			
g				10g	X	<u> </u>			96,34
n	If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to			10h		Х			
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i					
1	Did the plan trust incur unrelated business taxable income?			10j					
Part									
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Form	Yes No
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes X No

	Form §	500-SF 2015 Page <b>3</b> -					
		mplete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	granting the	of the minimum funding standard for a prior year is being amortized in this plan year, see ins waiver.	Nonth	enter the Day	e date of ti	he letter ru Year	ling
lf	you comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				_
b	Enter the mi	nimum required contribution for this plan year		12b			_
с	Enter the am	ount contributed by the employer to the plan for this plan year		12c			
	Subtract the	e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the nount)	left of a	12d			
e	Will the min	imum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan	Terminations and Transfers of Assets					
		tion to terminate the plan been adopted in any plan year?			Yes	No No	
		er the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the	e plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	ght under the co		П	Yes X	No
с	If during thi	C?s plan year, any assets or liabilities were transferred from this plan to another plan(s), identi is or liabilities were transferred. (See instructions.)		)			
-	13c(1) Name		13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Tru	st Information					
14a	Name of trus	t		14b 1	Trust's EIN		
14c	Name of tru	stee or custodian			Trustee's telephone		an's
Par	t IX IRS	Compliance Questions					
15a	Is the plan a	401(k) plan?		Ye		No	
15b		does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ntributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c		CP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c od" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Ye	S	No	
16a	Check the b	ox to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		atio ercentage st		erage lefit test
16b		In satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com In any other plans under the permissive aggregation rules?		Ye	S	No	
17a	Has the pla	been timely amended for all required tax law changes?		Ye	es	No No	N/A
	for tax law c	st plan amendment/restatement for the required tax law changes was adoptedhanges and codes).	Enter the ap			_(See inst	
17c		consor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plater, enter the date of that favorable letter and the letter's serial nu		ot to a fa	avorable IF	RS opinion	or
17d		an individually-designed plan and received a favorable determination letter from the IRS, et	nter the date of	the plan	n's last fav	orable	
18		naintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) rican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in-serv	ice distributions made during the plan year?		Ye	S	No	
	If "Yes," ente	er amount		19			
20		ed minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whe equired under section 401(a)(9)?		Ye	S	No	N/A