Form 5500-SF	Short Form Annua	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Re	etirement	t <b>2015</b>			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (	ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the l e).	This Form is Open to Public Inspection				
	Complete all entries in ad dentification Information	ccordance with the inst	ructions to the Form 55	00-SF.				
For calendar plan year 2015 or fisc		15	and ending 12	/31/2015				
<b>A</b> This return/report is for:	X a single-employer plan a one-participant plan		blan (not multiemployer) mployer information in acc		-			
<b>B</b> This return/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 mc	onths)				
<b>C</b> Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC prog	ram		
Part II Basic Plan Infor	mation—enter all requested info							
<b>1a</b> Name of plan BOXLIGHT 401(K) PLAN				pla (P	ree-digit an number N) ▶	001		
					fective date o 01/0	1/2011		
	, apt., suite no. and street, or P.O.		tructiono)			fication Number 527247		
BOXLIGHT	, country, and ZIP or foreign postal	code (il foreign, see insi	inuctions)	<b>2c</b> Sp		hone number 64-2119		
151 NE STATE HWY 300 BELFAIR, WA 98528				<b>2d</b> Bu	siness code ( 3343	see instructions)		
<b>3a</b> Plan administrator's name and	I address XSame as Plan Sponso	or.		<b>3b</b> Ad	ministrator's	EIN		
				3c Ad	ministrator's t	elephone number		
	plan sponsor has changed since the ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EI				
a Sponsor's name				4C PN	1	14		
<b>5a</b> Total number of participants a			1	5a 5b		14		
<b>C</b> Number of participants with a	It the end of the plan year ccount balances as of the end of th	e plan year (defined ben	efit plans do not	50 50		12		
	icipants at the beginning of the pla		ľ	5d(1)		13		
	icipants at the end of the plan year	-	t i i i i i i i i i i i i i i i i i i i	5d(2)		10		
e Number of participants that te	erminated employment during the p	olan year with accrued be	enefits that were less	5e		0		
Caution: A penalty for the late on Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instructi d signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/rep	ort, inclu	iding, if applic			
	alid electronic signature.	06/24/2016	SUNSHINE NANCE					
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ial signin	g as plan adr	ninistrator		
SIGN HERE								
Preparer's name (including firm na		Date lude room or suite numb	Enter name of individuer )		g as employe r's telephone			
For Paperwork Reduction 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 a	an indepe	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
	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		,						× Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		No	Not determ	ined
	rt III Financial Information								_	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	l of Year	
а	Total plan assets	7a			469				14562	2
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		114	469				14562	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total			
а	Contributions received or receivable from:				0					
	(1) Employers	8a(1)			0	_				
	(2) Participants			32	494					
<u> </u>	(3) Others (including rollovers)	8a(2)         32494           lovers)         8a(3)								
-	Other income (loss)			-1	341	_				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			3115	3
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
i	Net income (loss) (subtract line 8h from line 8c)	8i							3115	3
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instru	ictions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	ic Cod	les in th	ne instruc	tions:	
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 contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			100		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	х					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		x				
е	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	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	ənd.)	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	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Par	VI Pension Funding Compliance			-,						
11	Is this a defined benefit plan subject to minimum funding requirem									
	5500) and line 11a below)								. Yes	X No

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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11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

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	(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)		Year         No       N/A         INO       N/A         INO       N/A         Yes       NO         13c(3) PN(s)       I         INO       ADP/ACP         NO       ADP/ACP         NO       Average         NO       Average         INO       NO         INO       N/A         INO       N/A         INO       N/A         INO       N/A				
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c	Narr	e of trustee or custodian		14d	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)?		b h						
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	s No					
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est	centage				
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	Y	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//////	•							
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory 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 Form Annu	al Return/Report Benefit Plan	t of Small Emp	OMB Nos. 1210 1210							
Department of the Treasury Internal Revenue Service	This form is required to	This form is required to be filed under sections 104 and 4065 of the Employe									
Department of Labor mployee Benefits Security Adminis Pension Benefit Guaranty Corpor	Retirement Income Securit	<ul> <li>Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>									
Part I Annual Rei	port Identification Informatio		tructions to the Form	5500-SF.	-						
	or fiscal plan year beginning	01/01/2015	and ending	12/31	/2015						
This return/report is for:	x a single-employer plan	a list of participatin	r plan (not multiemplog g employer information								
This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/rep									
	an amended return/report	a short plan year re	eturn/report (less than	12 months)							
Check box if filing under:		automatic extensio	n		FVC progra	m					
NATURAL DATA	special extension (enter des		а 🔒	8							
	Information enter all requester	ed information									
Name of plan Boxlight 401(k)	Plan			1b Three plan (PN)	number	001					
				1c Effec	ctive date of 01/2011	plan					
Mailing Address (includ	employer, if for a single-employer plan le room, apt., suite no. and street or P rovince, country, and ZIP or foreign po	O, Box)	nstructions)	and the second se	loyer Identif 26-452	ication Number					
BOXLIGHT			= 1		2c Sponsor's telephone number (360) 464-2119						
151 NE STATE HW	¥ 300			-	ness code (	see instructions)					
US BELFAIR WA 98528				-							
	me and address 🕱 Same as Plan S				inistrator's E inistrator's t	elephone number					
	of the plan sponsor has changed sinc	e the last return/report file	d for this plan, enter th	e 4b EIN							
name, EIN, and the pla Sponsor's name	n number from the last return/report.			4c PN							
	pants at the beginning of the plan year	r				14					
	pants at the end of the plan year					12					
	with account balances as of the end o			50	3	11					
(1) Total number of activ	e participants at the beginning of the	plan year		5d(1)		13					
(2) Total number of activ	e participants at the end of the plan ye	ear	****	5d(2)	4	10					
Number of participants less than 100% vested	that terminated employment during th			Ea	1	0					
aution: A penalty for the	late or incomplete filing of this ret	urn/report will be assess	ed unless reasonable	e cause is estab	lished.	1					
	and other penalties set forth in the inst ted and signed by an enrolled actuary is complete.										
		10/24/16									
SIGN HERE Signature diplan	administrator	Date	Enter name of indi	vidual signing as	nlan admir	histrator					
CUUM		6 34/16		vidual signing as	plan aunin						
HERE Signature of emp	lover/plan sponsor	Date	Enter name of indi	vidual signing as	employer	or plan sponsor					
N DECEMBER OF THE OWNER OF	firm name, if applicable) and address	; include room or suite nur			telephone						

e shek filesh "in dash

_	Form 5500-SF 2015		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)						X Yes No
b	Are you claiming a waiver of the annual examination and report of ar		State of the second	ntant	(IQPA	4)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar				·			[	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must inst	ead u	ise Fo	orm 5	500.		
с	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	4021	1)? .		Yes	No [	Not determined
Pa	rt III Financial Information			10					
7	Plan Assets and Liabilities		(a) Beginning of	Year			(	b) End of	Year
а	Total plan assets	7a	11	4,40	69				145,622
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	11	4,40	69				145,622
8	Income, Expenses, and Transfers for this Plan Year	A CONTRACTOR OF A CONTRACT OF	(a) Amount					(b) Tota	al
a	Contributions received or receivable from: (1) Employers	8a(1)			0				AND A STATE
	(2) Participants	8a(2)	3	2,49	94	BUSH		and a second	
	(3) Others (including rollovers)	8a(3)				100	and the second of		AND STREET
b	Other income (loss)	8b	(1	, 341	1)		in a share	The supervision of the supervisi	AND COMPANY OF THE OWNER OF
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Statistical Statistics		Contraction of the local division of the loc				31,153
d	Benefits paid (including direct rollovers and insurance premiums	64						Server the	
-	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e			_				
e f	Administrative service providers (salaries, fees, commissions)	8f				a fille			
g	Other expenses	8g				and the second	Character State		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		He RU		E .	atom per second	THE REPORT OF THE PARTY OF THE	
ï	Net income (loss) (subtract line 8h from line 8c)	8i			T sa				31,153
i	Transfers to (from) the plan (see instructions)	8j						and sugar free	A CONTRACTOR OF THE OWNER OF THE
P	Int IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	instruction	s:
	2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	racter	ristic (	Codes	in the in	structions	
~	in the plain provides wenare benefits, enter the applicable wenare rea		s nom the List of Flan Ona	acter		Joues		1511 40110115.	
P	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	A	nount
a		ions withir	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo								
_	Program)			10a		x	A CONTRACTOR		
k	<ul> <li>Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)</li> </ul>			10b		x			
0				10c	x				30,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		x			
6	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance						
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x	Ser and		
f				10f		x			
-	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		x			
-	If this is an individual account plan, was there a blackout period? (						Binhead C		
_	2520.101-3.)			10h	-	x			
-i	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and	comp	olete S	Sched	lule SB (	Form	Yes X No
11	a Enter the unpaid minimum required contribution for current year fr						11a		
1:					or sec	tion 3	02 of ER	RISA?	Yes X No
_									

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		13.54		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		enter the o	date of the letter Year	ruling
If you 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		
c 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 (enter a minus sign to the lef negative amount)	ft 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?		Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under the co	ntrol	Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	13c	(2) EIN(s)	) 13c(3	) PN(s)
Part VIII Trust Information				
14a Name of trust		<b>14b</b> Tru	st's <mark>E</mark> IN	
14c Name of trustee or custodian			istee or custodiar none number	n's
Part IX IRS Compliance Questions	1			
<b>15a</b> Is the plan a 401(k) plan:		Yes	No No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Desi base harb meth	ed safe ADF or test	PIACP
15c If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?		Yes	No No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Perce Test	entage Aver	rage efit Test
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?		Yes	No No	
17a Has the Plan been timely amended for all required law changes?		Yes	No No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//			le code (S	
<ul> <li>17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&amp;P), or volume submitter plan tha advisory letter, enter the date of that favorable letter / / . and the letter's serial number of the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / / .</li> </ul>	per.			r
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl	as been lands)?	Yes	No	
19 Were in-service distributions made during the plan year?		Yes	No No	
If Yes, enter amount	•••••	19		
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of when not retired) as required under section 401(a)(9)?		Yes	No No	N/A