## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete

## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF.		
Pa	rt I Annual Report	Identification Information	1			
For o	calendar plan year 2015 or fis	cal plan year beginning 01/01/	20 <u>15</u> and ending 12	2/31/201	5	
<b>A</b> T	his return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-	
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
<b>C</b> (	Check box if filing under:	Form 5558	automatic extension		DFVC progr	ram
		special extension (enter desc	ription)			
Pa	rt II Basic Plan Info	rmation—enter all requested in	formation			
	Name of plan DRA SYSTEMS, INC. 401(K)	PROFIT SHARING PLAN		р	hree-digit lan number PN)	001
				1c ∈	Effective date of 01/1	f plan 5/2014
I	Mailing address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.0	,			ication Number 955744
	RA SYSTEMS, INC.	e, country, and ZIP or loreign pos	tal code (if foreign, see instructions)	<b>2c</b> S	ponsor's telep 425-3	hone number 74-1360
	00ST SOUTHWEST ETT, WA 98204			<b>2d</b> B	susiness code (	see instructions)
3a	Plan administrator's name an	d address XSame as Plan Spon	sor.	<b>3b</b> A	dministrator's I	ΞIN
				<b>3c</b> A	dministrator's t	elephone number
	name, EIN, and the plan nun	plan sponsor has changed since onber from the last return/report.	the last return/report filed for this plan, enter the	4b		
_	Sponsor's name			4c F	N	
5a	Total number of participants	at the beginning of the plan year.		5a		3
b	Total number of participants	at the end of the plan year		5b		7
С			the plan year (defined benefit plans do not	5с		6
d(	1) Total number of active par	ticipants at the beginning of the p	lan year	5d(1	)	3
<b>d</b> (2	2) Total number of active par	ticipants at the end of the plan ye	ear	5d(2	2)	6
е	Number of participants that than 100% vested	terminated employment during the	e plan year with accrued benefits that were less	5e		0
			n/report will be assessed unless reasonable cau			
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/report			

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eliginary</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes N
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not	determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Ye	ar
a Total plan assets	7a		36	561					107381
<b>b</b> Total plan liabilities				0					
C Net plan assets (subtract line 7b from line 7a)	7с			561					107381
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		36	608					
(2) Participants	8a(2)		36	496					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		-1	475					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								71629
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
Certain deemed and/or corrective distributions (see instructions)	1 1			0					
f Administrative service providers (salaries, fees, commissions)				809					
g Other expenses				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)									809
i Net income (loss) (subtract line 8h from line 8c)	8i								70820
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the insti	ructions	:
B If the plan provides welfare benefits, enter the applicable welfare	footure code	on from the List of Dia	o Chor	otoriot	io Cos	loo in th	o inotru	otiona	
in the plan provides welfare benefits, effer the applicable welfare	reature code	es nom the List of Fia	i Cilai	acterist	ic Coc	162 111 111	ie ilistitu	ictions.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	ount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a	X					101
<b>b</b> Were there any nonexempt transactions with any party-in-interest					.,				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					1000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	······································		10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount					X				
h If this is an individual account plan, was there a blackout period?	•	,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								П	Yes N
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	<b></b>
12 Is this a defined contribution plan subject to the minimum fundin						302 of E	RISA?		Yes X

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## 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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Pension B	enefit Guaranty Corporation	▶ Complete all entries in a		ructions to the Form 55	500-SF.	T done morecular
Part I	Annual Report	Identification Information				
For calend	lar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/	31/2015
A This re	turn/report is for:	X a single-employer plan	land.	olan (not multiemployer) nployer information in ac		king this box must attach a ith the form instructions)
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	m/ranart /laan thaw 10 m	th - s\	
D		an amended return/report	_ a short plan year retur	n/report (less than 12 m	ontns)	
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		_ D	PFVC program
Dort II	Pagia Blan Infe					
Part II		ormation—enter all requested inf	ormation		41	I
<b>1a</b> Name Aurora	•	. 401(k) Profit Shari:	ng Plan		1b Three plan n (PN)	number 001
						tive date of plan 15/2014
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O				oyer Identification Number 80-0955744
	town, state or provinc a Systems, Inc	e, country, and ZIP or foreign posta C .	al code (if foreign, see instr	ructions)		sor's telephone number
2201 1	100St Southwes	st				ess code (see instructions)
Everet	it	WA 98204			32,2	. 20
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.		3b Admin	nistrator's EIN
					3c Admin	nistrator's telephone number
4 If the r	name and/or EIN of the EIN, and the plan nu	plan sponsor has changed since to mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
<b>a</b> Spons	or's name				4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	
<b>b</b> Total r	number of participants	at the end of the plan year			5b	
C Numb	er of participants with	account balances as of the end of the	ne plan year (defined bene	efit plans do not	5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	٢		5d(2)	
e Numb	er of participants that 100% vested	terminated employment during the	plan year with accrued ber	nefits that were less	5e	
		or incomplete filing of this return				
SB or Sche	alties of perjury and otl dule MB completed ar rue, correct, and comp	ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete,	ions, I declare that I have well as the electronic ver	examined this return/rep sion of this return/report,	ort, including , and to the b	g, if applicable, a Schedule best of my knowledge and
SIGN HERE	Troffing V.	Gold inel	7-28-16	Geoffrey Goldf	inch	
1	Signature of plan a	dministrator /	Date	Enter name of individu		s plan administrator
SIGN	Troff by 1.	Jall wy	7-28-16	Geoffrey Goldf	inch	
HERE	Signature of emplo		Date			s employer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (inc	clude room or suite numbe	r) 	Preparer's to	telephone number
				1		

-				2
Ρ	a	0	e	/

	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	an independ	ent qualified public	account	ant (IC	(PA			X X	Yes Yes	□ No
I res <del>po</del> nsi	If you answered "No" to either line 6a or line 6b, the plan cann	not use Form	1 5500-SF and mus	t inste	ad use	Form	5500.		_		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA se	ection 4	021)?	L	Yes	No [	Not	detern	nined
Pa	rt III   Financial Information	Larger Series									
	Plan Assets and Liabilities		(a) Beginnin			_		(b) End	of Yea		
	Total plan assets	7a		3	6,56	_				10	7,381
***************************************	Total plan liabilities	. 7b				0					
	Net plan assets (subtract line 7b from line 7a)	7c		3	6,56	1				10'	7,381
8	Income, Expenses, and Transfers for this Plan Year	E0018/88-109-1	(a) Amo	unt				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		3	6,60	8					
		8a(2)			6,49						
	(2) Participants	T			0,40	0					
	(3) Others (including rollovers)	8a(3)			1,47	- E					
-	Other income (loss)	8b		THE WITTER	1,4/	3					500
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-/-	L,629
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0					
e	Certain deemed and/or corrective distributions (see instructions)	8e				0					
	Administrative service providers (salaries, fees, commissions)	8f			80	9					
***************************************	Other expenses					0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	and the second second			+					0.00
		8h								7.0	809
	Net income (loss) (subtract line 8h from line 8c)	8i								/(	,820
	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j									
В	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	cterist	ic Cod	les in th	e instruc	tions:	***********	
Part 10	During the plan year:				Yes	No	N/A				
a	Was there a failure to transmit to the plan any participant contribu	tions within th	a time period		163	NO	IN/A		Amo	unt	***************************************
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	iciary Correction	10a	Х						1,01
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	all waters authors reported		10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					5	10,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
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.)	e or all of the	benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
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		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?	***************		10i			Х				
Part	VI Pension Funding Compliance			•			•				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)									Yes	No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of th	ne Code	e or se	ction 3	302 of E	RISA?		Yes	X No

2001	Form 5500-SF 2015 Page <b>3</b> -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			***************************************		***************************************
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver.	ns, and en	nter the		e letter ru Year	ling
If y	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			
	Enter the amount contributed by the employer to the plan for this plan year		12c		121	
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	W.		
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	*************************	*******************	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?		itrol		Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					
13	3c(1) Name of plan(s):	13c(2) El	IN(s)		13c(3) F	PN(s)
Part \	VIII Trust Information					
<b>14a</b> N	lame of trust	1	<b>14b</b> Tr	ust's EIN		
14c	Name of trustee or custodian		14d T	rustee's o		
				elephone		an's
Part	IX IRS Compliance Questions					an's
Part	IX IRS Compliance Questions  Is the plan a 401(k) plan?			elephone		an's
15a	·		Yes Des	sign- ed safe	number	Ber Versel
15a i 15b ii 15c if	Is the plan a 401(k) plan?	pyer [	Yes Des bas harl met	sign- ed safe bor hod	No ADP	Ber Versel
15a   15b   15c   15c   16a	Is the plan a 401(k) plan?	pyer [	Yes Des bas harl met Yes Rati	sign- ed safe bor hod	No ADP test	Ber Versel
15a   15b   1	Is the plan a 401(k) plan?		Yes Des bass hard met Yes Rati	sign- ed safe bor hod	No ADP test	//ACP
15a   15b   1	Is the plan a 401(k) plan?	ear [	Yes Des bas harl met Yes Rati pero test	sign- ed safe bor hod	No ADP test No Ave ben	//ACP
15a   15b   15c   16c   17a   17b   15c   16c   17a   17b   15c   16c   17b   17b	Is the plan a 401(k) plan?	b):	Yes Des bass hard met Yes Rati pero test Yes Yes policable	sign- ed safe bor shod	No ADP test No Ave ben No No (See in	rage efit test
15a I 15b II 15c If 2 16a C 17a H 17b E 17c If 17c If a	Is the plan a 401(k) plan?	b): [  inter the approximately subject to	Yes Des bass hard met Yes Rati pero test Yes Yes Oplicable to a favor	sign- ed safe bor hod io centage	No ADP test No No No Sopinion of	rage efit test
15a I 15b II 15c If 2 16a C 17a H 17b II 17c If a 17d If	Is the plan a 401(k) plan?	b): [  inter the apple s subject to date of the	Yes Des bass hard met Yes Rati pero test Yes Yes Oplicable to a favor	sign- ed safe bor hod io centage	No ADP test No No No Sopinion of	rage efit test
15a I 15b II 15c If 16a C 16b C 17a H 17b C 17c If a 17d If d 18 Is	Is the plan a 401(k) plan?	b): [  inter the apples subject to date of the len [	Yes Des bass hard met Yes Rati pero test Yes Yes Oplicable to a favor	sign- ed safe bor hod io centage	No ADP test No No No Sopinion of	rage efit test
15a   15b   15c   16a   15c   16b   15c   16c   17c   17c	Is the plan a 401(k) plan?	b): [  tear [  the part of the sen [	Yes Des bas harl met Yes Rati pero test Yes Yes O a favore e plan's	sign- ed safe bor hod io centage	No ADP test No Ave bender No Sopinion of trable	rage efit test
15a II 15b II 15c If 16a C 16b C 17c If 17b C 17c If d 18 Is m 19 W	Is the plan a 401(k) plan?	ear [  b): [  inter the ap  s subject to  date of the  en  [ ]	Yes Despharkmet Yes Ratiperotest Yes Yes Yes Yes Yes Yes Yes Yes Yes	sign- ed safe bor hod io centage	No Ave bender No Sopinion of trable	rage efit test