Form 5500-SF						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Reti	irement	al This Form is Open to Public Inspection			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the Index. de).	nternal				
Pension Benefit Guaranty Corporation Part I Annual Report Id	Complete all entries in a	accordance with the ins	tructions to the Form 550	0-SF.		•		
For calendar plan year 2015 or fisc	dentification Information al plan year beginning 01/01/2	015	and ending 12/3	31/2015				
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer	plan (not multiemployer) (F mployer information in acco	Filers che	0			
B This return/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mor	nths)				
C Check box if filing under:	X Form 5558	automatic extension			DFVC prog	am		
	special extension (enter descri							
Part II Basic Plan Infor	mation—enter all requested inf	ormation		-				
1a Name of plan SPI RETIREMENT PLAN				1b Thre plan (PN)	number	001		
					tive date of 11/0	⁻ plan 1/2011		
	, apt., suite no. and street, or P.O			2b Emp (EIN)	loyer Identif	ication Number 097392		
City or town, state or province, SIGNAL PATH INTERNATIONAL, LL	, country, and ZIP or foreign posta _C	al code (if foreign, see ins	tructions)	2c Spor	onsor's telephone number			
				2d Busi	704-264-9051 usiness code (see instructions)			
2045 - 120TH AVE. N.E., SUITE 100 BELLEVUE, WA 98005)				4431	,		
3a Plan administrator's name and	address XSame as Plan Spons	or.	:	3b Adm	inistrator's I	EIN		
				3c Adm	inistrator's t	elephone number		
 4 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	plan sponsor has changed since t ber from the last return/report.	the last return/report filed		4b EIN 4c PN				
5a Total number of participants a	t the beginning of the plan year			5a		12		
	t the end of the plan year			5b		13		
C Number of participants with ac	ccount balances as of the end of t	he plan year (defined be	nefit plans do not	5c		13		
d(1) Total number of active parti	cipants at the beginning of the pla	an year		5d(1)		7		
d(2) Total number of active parti	icipants at the end of the plan yea	ar		5d(2)		8		
	erminated employment during the			5e		0		
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruc I signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/repo	ort, includi	ng, if applic			
	alid electronic signature.	08/15/2016	RHONDA SIMPSON					
HERE			Enter name of individua	al signing	as <u>plan</u> adn	ninistrator		
SIGN HERE								
Preparer's name (including firm name)		Date clude room or suite numb	Enter name of individua per) F		as employe telephone			
			-					
For Paperwork Peduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)		

	F0111 5500-5F 2015		Faye Z							
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	accounta	ant (IQ	PA)				
	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							X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_		No Not determined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year		
а	Total plan assets	. 7a		186	604			241364		
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		186	604			241364		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		16	524					
	(2) Participants	8a(2)		44	256					
	(3) Others (including rollovers)	8a(3)		4	692					
b	Other income (loss)	8b		-8	262					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57210		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	366					
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)									
q	Other expenses	8f 8g		1						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2450		
i	Net income (loss) (subtract line 8h from line 8c)							54760		
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	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:		
В	2A 2E 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	eature cor	les from the List of Pla	n Chara	octerist	ic Cor	les in th	e instructions:		
						10 000				
Par	t V Compliance Questions						1	I		
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									
	reported on line 10a.)			10b		Х				
<u> </u>				10c	Х			20000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	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.).			10e	X			1038		
f	f Has the plan failed to provide any benefit when due under the plan?					Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					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						

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu 5500) and line 11a below)	ule 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

10j

j Did the plan trust incur unrelated business taxable income?

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted 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					
-		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?			Ye	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							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Trusťs E	IN			
14c Name 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?		Ye	es				
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	esign- ased safe arbor nethod	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				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est	erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

FC	orm 5500-SF	Short Form Anni	oloyee	OMB Nos. 1210-0110 1210-0089				
De In	epartment of the Treasury ntemal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 4065 of the Employee	Retirement	2015			
	Department of Labor e Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					
Pension	Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form	5500-SF	Public Inspection			
Part I		Identification Information	1	0000-01.				
For caler	ndar plan year 2015 or fi	iscal plan year beginning 01/01/20	015 and ending 12	2/31/2015				
		🗙 a single-employer plan	a multiple-employer plan (not multiemploye		king this box must attach a			
A This r	return/report is for:	a one-participant plan	list of participating employer information in a foreign plan	accordance wi	th the form instructions)			
B This re	eturn/report is	the first return/report						
		an amended return/report	the final return/report final return/report (less than 12	monthe)				
C Check	k box if filing under:							
	k box ir ming under.	X Form 5558	automatic extension	[] D	FVC program			
		special extension (enter desc						
Part II	Basic Plan Info	rmation-enter all requested in	formation					
1a Name	e of plan REMENT PLAN			1b Three				
o, men				(PN)	umber 001			
_				1c Effecti 11/01/	ve date of plan			
2a Plan	sponsor's name (employ	yer, if for a single-employer plan)			yer Identification Number			
Mailir	ng address (include roon	n, apt., suite no. and street, or P.C). Box)		32-0097392			
SIGNAL PA	ATH INTERNATIONAL, I	3, country, and ZIP or foreign post- LLC	al code (if foreign, see instructions)	2c Sponsor's telephone number				
				(704) 264-9051				
2045 - 1201	TH AVE. N.E., SUITE 10	20		2d Business code (see instructions)				
2040 - 1201	IT AVE. N.E., SOME IC			443142				
BELLEVUE	E, WA 98005							
3a Pian a	administrator's name and	d address X Same as Plan Spons	sor.	3b Admini	strator's EIN			
				3c Admini	strator's telephone number			
4 If the	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed for this plan, enter the	4b EIN				
	sor's name	ber from the last return/report.						
1000	· · · · · · · · · · · · · · · · · · ·			4C PN				
					12			
b Total	number of participants a	it the end of the plan year		5b	13			
comp	nete this item)		he plan year (defined benefit plans do not	5c	13			
d(1) ⊺ot	al number of active parti	icipants at the beginning of the pla	n year	5d(1)	7			
d(2) Tot	tal number of active parti	icipants at the end of the plan year	r	5d(2)	8			
e Numb	ber of participants that te	erminated employment during the	plan year with accrued benefits that were less	5e	0			
Caution: A	A penalty for the late or	incomplete filing of this return	report will be assessed unless reasonable ca					
Under pena	allies of perjury and othe	er penalties set forth in the instruct	ions. I declare that I have examined this return/ro	port including	if applicable is Octoble			
OD OL OUNE	edule MB completed and true. correct/and completed	i siuneu by amenifolied actuary as	s well as the electronic version of this return/report	t, and to the be	est of my knowledge and			
	and complete	<u>ste. (</u>						
SIGN HERE	x Kma	e xm	1x716×1 Kharde	2 DIM	17029			
	Signature of plan ad	ministrator (Date Enter name of individ	ual signing as i	plan administrator			
SIGN								
HERE	Signature of employe	er/plan sponsor	Date Enter name of individ					
Preparer's	name (including firm nar	me, if applicable) and address (inc	lude room or suite number)	Preparer's tol	employer or plan sponsor ephone number			
	-		······ ,	· · operer a tel	chone uninner			
					0			
F	or Paduation Act Matter							

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Page	2
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6a 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 can	an indepenation and condition	dent qualified public ons.)	c accou	ntant (I	QPA)		K Yes	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA	section	402 1)′	? [] Yes	No Not deter	mined
Pa	art III Financial Information					-			
7	Plan Assets and Liabilities	2 1 7 7 Str	(a) Beginni	ng of Y	ear			(b) End of Year	
<u>a</u>	Total plan assets	. 7a		1866				241364	1
b	Total plan liabilities	7b							····
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c 1866			604			ļ	
8	Income, Expenses, and Transfers for this Plan Year		(a) Am	ount				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		165		_			<u></u>
	(2) Participants	8a(2)		442		_	_		
	(3) Others (including rollovers)	8a(3)	·,		92				
	Other income (loss)	8b		-82	:62				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57210	
ŭ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13	66				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	··· · · <u>··</u>				-		
g	Other expenses	8g		10	84		-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the set			+		2450	
i	Net income (loss) (subtract line 8h from line 8c)	8i	·····			+-			
j	Transfers to (from) the plan (see instructions)	8j						54760	Net ja s
B	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions								
10	During the plan year:			·····	Vee				
a		oluntary Fidu	ciary Correction	10a	Yes	No X	N/A	Amount	
b	Were there any nonexempt transactions with any party-in-interest?	Do not inc	ude transactions			х			
	reported on line 10a.)			10b					
	Was the plan covered by a fidelity bond?			10c	Х				20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond,	that was caused	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10a	x				1038
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x			<u> </u>
g	Did the plan have any participant loans? (If "Yes," enter amount as					x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10g				x				
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10i				<u>n an de an aire di C</u>	
Part			·						
_	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)	<u></u>	<u></u>					Form	No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from So	chedule SB	(Form 5500) line 40)		T	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 5500-SF 2015 Page 3 - 1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			T			<u> </u>
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and Month	enter ti Day		of the lett Year	er ru	ling
	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 negative amount)	left of a	12d				
-	e Will the minimum funding amount reported on line 12d be met by the funding deadline?		٦ I	Yes	No	Π	N/A
	t VI Plan Terminations and Transfers of Assets						
13	Has a resolution to terminate the plan been adopted in any plan year?			Π	Yes 🕅 N	0	· · · ·
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a				
k	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes	X I	No
		fy the plan(s) to)	•		_	
	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) P	N(s)
Pa	t VIII Trust Information						
14a	Name of trust	·····	14b	Frust's E	EIN		
14	C Name of trustee or custodian				e's or cust ne numbe		ı's
Fa	IRS Compliance Questions	·····					
15a	a is the plan a 401(k) plan?		Ye	s		0	
	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)?		ba ha	esign- ised saf irbor ethod		DP// est	ACP
150	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	urrent year 01(m)-] Ye	s	Νο		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			itio rcentag it	e Average benefit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye	3	N	5	
	Has the plan been timely amended for all required tax law changes?		Yes	6		c	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the ap	•	-			uctions
_	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial r	umhor				on or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter		he plan	's last fa	vorable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been slands)?	Yes		[] No		
19	Were in-service distributions made during the plan year?		Yes		No	-	
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whire retired), as required under section 401(a)(9)?	ether or not	 [] Yes		No		N/A