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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	n						
For calend	dar plan year 2015 or fi	iscal plan year beginning 01/01	/2015	and ending 1	2/31/2015				
A This re	eturn/report is for:	a single-employer plana one-participant plan		plan (not multiemployer) employer information in a					
B This ret	turn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558 Special extension (enter des	automatic extension	1	DFVC	program			
Part II	Basic Plan Info	ormation—enter all requested i							
1a Name					1b Three-digi plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/2001			
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN) 91-1680959				
	r town, state or province COMMUNICATIONS	ce, country, and ZIP or foreign pos	stal code (if foreign, see in	structions)		telephone number			
1010 TURNI SEATTLE, V	ER WAY EAST VA 98112				2d Business of	code (see instructions) 517000			
3a Plan a	administrator's name a	ınd address XSame as Plan Spoi	nsor.		3b Administra	tor's EIN			
					3c Administra	tor's telephone number			
name	e, EIN, and the plan nu	ne plan sponsor has changed since imber from the last return/report.	e the last return/report filed	I for this plan, enter the	4b EIN				
a Spons	sor's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year				8			
		s at the end of the plan year			5b	10			
comp	olete this item)	account balances as of the end o			5c	10			
		articipants at the beginning of the p	·		5d(1)	6			
		articipants at the end of the plan y			5d(2)	6			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	1			
Under pen	nalties of perjury and of	ther penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule			
	true, correct, and com	•		· · · · · · · · · · · · · · · · · · ·					
SIGN HERE		I/valid electronic signature.	09/26/2016	JOHN FISK	lual aigning an pla	n administrator			
010::	Signature of plan a	aummistrator	Date	Enter name of individ	iuai sigriing as pla	n auministrator			
SIGN HERE	01		D-:	Estable C. P.	had alast	alassa anda			
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (Date include room or suite num		lual signing as em Preparer's telep	ployer or plan sponsor hone number			
	(, applicable) and addition (Sac . So or Sake Hall	/					

	Form 5500-SF 2015		Page 2								
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 condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)?	📙	Yes	No	<u></u>	Not dete	ermined
Par	t III Financial Information	1	•								
7	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Total plan assets	. 7a		952	2695					996	5998
	Total plan liabilities	7b		050	2695				—	006	6998
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		1095			//-	\ T-4		0990
	Contributions received or receivable from:		(a) Amou	1111				(1) Tot	.aı	
	1) Employers	8a(1)		30	0000						
	2) Participants	8a(2)		12	2799						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		1	504						1000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								44	1303
	o 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									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	8i								44	1303
Par	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare f										
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			40h		X					
	reported on line 10a.)			10b							
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's			10c		X					
d	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			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			•	-	-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	le or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 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)		13c(3) 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		a 11 0
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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

P	art I	Annual Repor	t Identification Information	1							
For	calenda	ir plan year 2015 or fi	iscal plan year beginning	0	1/01/2015	and ending	12/31/20	15			
		urn/report is for: urn/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list a fore	of participating eleign plan nal return/report	an (not multiemployer) mployer information in a	accordance with t				
С	Check b	oox if filing under:	x Form 5558 special extension (enter desc		matic extension		DFVC	program			
P	art II	Basic Plan Inf	ormation enter all requested	informatio	n		•				
1a	Name Tech	2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	cofit Sharing Plan				1b Three-dig plan num (PN) ► 1c Effective	ber 001			
							01/01/				
2a	Mailing	a Address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street or P.G nce, country, and ZIP or foreign pos	D. Box)	foreign, see instr	uctions)	2b Employer Identification Number (EIN) 91–1680959				
		line Communica		,	3 .,	,		s telephone number			
	1010 Turner Way East						(206) 527–3450 2d Business code (see instructions) 517000				
	US Sea	attle WA 98112									
3а	Plan a	dministrator's name	and address 🗓 Same as Plan Sp	oonsor Nan	ne		3b Administr	ator's EIN ator's telephone number			
4			he plan sponsor has changed since umber from the last return/report.	the last re	turn/report filed fo	or this plan, enter the	4b EIN				
_a	Spons	or's name					4c PN				
5a			s at the beginning of the plan year					8			
b			s at the end of the plan year				5b	10			
С			account balances as of the end of					10			
d	1) Tota	al number of active pa	articipants at the beginning of the pl	an year				6			
d	(2) Tota	al number of active pa	articipants at the end of the plan yea	ar			5d(2)	6			
е			t terminated employment during the				5e	1			
Ca	aution:	A penalty for the lat	e or incomplete filing of this retu	rn/report	will be assessed	unless reasonable ca	use is establish	ed.			
Ur	nder pen 3 or Sch	nalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I d	eclare that I have	examined this return/re	eport, including, if	applicable, a Schedule			
0	IGN	Sel C	ted	(3/26/16	John Fisk					
200	075 (0.00 (0	Signature of plan ad	ministrator	D	ate .	Enter name of individu	ual signing as pla	n administrator			

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)						X Yes	¬No
	Are you claiming a waiver of the annual examination and report of a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		•	,			x Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno			ead u	ise Fo	rm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	402	1)? .	[Yes	☐ No	☐ Not determine the last of the last	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End o	f Year	
а	Total plan assets	7a	953	2,6	95				996,99	98
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	95:	2,6	95				996,99	98
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal	
	Contributions received or receivable from: (1) Employers	8a(1)	3	0,0	00					
	(2) Participants	8a(2)		2,7						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		1,50	04					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44,30	03
-	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		_						
-	Certain deemed and/or corrective distributions (see instructions)	8e				1500 H				
100	Administrative service providers (salaries, fees, commissions)	8f				163181 901185				
-	Other expenses (add lines 2d, 2s, 2f, and 2g)	8g			NEG L					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i				-			44,30	n 3
	Transfers to (from) the plan (see instructions)	8j				N/A			11,5	
1552120	rt IV Plan Characteristics	_ oj								
	If the plan provides welfare benefits, enter the applicable welfare fea	nure codes	s from the List of Plan Char	acte	istic C	odes	in the ii	nstructions	S.	
	rt V Compliance Questions									
10	During the plan year:	iana within	the time nested	\dashv	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 Vo									
	Program)		5.	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		in the contract of the contrac	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.)	e or all of t	he benefits under	10e		x				
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 e	nd.)	10g		x				
h				109	_					10000
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h	-	х				
<u>.</u>	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						
12000	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						and the second second second		Yes [X No
11a	Enter the unpaid minimum required contribution for current year from	om Schedi	ule SB (Form 5500) line 40				11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Co	ode o	r secti	on 30	2 of ER	ISA?	Yes [X No

	Form 5500-SF 2015 Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver. Month	uctions, and D	enter the	e date of t Ye:	he letter rul ar	ing
	rou 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		12d			
—— е	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?		[Yes [] No □	N/A
Part				100 _		
	Has a resolution to terminate the plan been adopted in any plan year?		П	es X N	0	
104	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 brought				Yes 2	- No
	of the PBGC?				165 [-	5 140
_	which assets or liabilities were transferred. (See instructions.)	io piari(o) to				
	3c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3) F	N(s)
Part	VIII Trust Information					
	Name of trust		14b ⊺	rust's EIN		
44-			14d T	·mustan ar	custodian's	
140	Name of trustee or custodian		2 2 2 2	rustee or phone nu		
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan:		☐ Ye	s	☐ No	
15h	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e	mnlover	Design- based safe ADP/ACP			CP
131	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		harbor L			
				etilou	9	
150	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(ii) and 1.401(iii) and 1.401(iii) and 1.401(iiii) and 1.401(iiii) and 1.401(iiii) and 1.401(iiiii) and 1.401(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	m)-	Ye	es.	☐ No	
	2(a)(2)(ii))?					
160	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410/b):	1	itio	Avera	ne ne
100	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b).	Te	rcentage st	Benef	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?		☐ Ye	es.	☐ No	
17a	Has the Plan been timely amended for all required law changes?		☐ Ye	es .	☐ No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was adopted//	Enter th	e applic	able code	(See	9
170	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favor	able IRS	opinion or	
170	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 edetermination letter		e of plan	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	s been ands)?	☐ Ye	es	☐ No	
19	Were in-service distributions made during the plan year?		☐ Ye	es	☐ No	
	If Yes, enter amount		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		☐ Ye	es	☐ No	□ N/A