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

Р	art I	Annual Report	ldentific	ation Informatio	n									
For	calenda	ar plan year 2015 or f	iscal plan ye	ar beginning 01/01	/201	5 and ending 1.	2/31/2	2015						
A	This ret	urn/report is for:		e-employer plan			oloyer plan (not multiemployer) (Filers checking this box must attach a ating employer information in accordance with the form instructions)							
В-	This retu	ırn/report is	the firs	t return/report		the final return/report								
		·	an ame	ended return/report	Ī	a short plan year return/report (less than 12 m	onths)						
С	Check b	pox if filing under:	X Form 5	5558	Γ	automatic extension	DFVC program							
			special	l extension (enter des	cripti	on)		_						
Pa	art II	Basic Plan Info	ormation-	enter all requested i	inforn	nation								
1a	Name						1b	Three-digit plan number (PN)	001					
							1c	Effective date of 06/0	f plan 3/2002					
2a	Mailing	address (include roc	m, apt., suit	single-employer plan) e no. and street, or P	.O. B		2b	b Employer Identification Number (EIN) 27-0011081						
SYST		ECHNOLOGIES, INC.		and ZIP or foreign po	stai c	ode (if foreign, see instructions)	2c	2c Sponsor's telephone number 425-487-4020						
							2d Business code (see instructions)							
10809 - 120TH AVE. N.E. KIRKLAND, WA 98033							541330							
3a	Plan a	dministrator's name a	nd address	XSame as Plan Spo	nsor.		3b Administrator's EIN							
						3c Administrator's telephone number								
4		name and/or EIN of th , EIN, and the plan nu			e the	last return/report filed for this plan, enter the	4b	EIN						
а	Sponse	or's name					4c	PN						
5a	Total r	number of participants	s at the begin	nning of the plan year	·		-	ia	42					
b	Total r	number of participants	s at the end	of the plan year			5	b	58					
С						plan year (defined benefit plans do not	5	ic	44					
d	(1) Tota	al number of active pa	articipants at	the beginning of the	plan	year	5d	(1)	42					
d	(2) Tota	al number of active pa	articipants at	the end of the plan y	ear		5d	(2)	52					
	Numb	er of participants that	t terminated	employment during th	ne pla	an year with accrued benefits that were less	5	ie	0					
	ution: A	penalty for the late	or incompl	ete filing of this retu	ırn/re	port will be assessed unless reasonable ca								
						ns, I declare that I have examined this return/re								

belief, it is true, correct, and complete. 10/12/2016 SIGN Filed with authorized/valid electronic signature TOM PRENZLOW **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 cannot be a second or line 6b. 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No N	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
a Total plan assets	. 7a		2541	432				2979531
b Total plan liabilities	. 7b		05.44	422				2070524
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	. 7c	(a) A max	2541	432			(b) Tota	2979531
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tota	il .
(1) Employers	. 8a(1)		133	752				
(2) Participants	. 8a(2)		244	450				
(3) Others (including rollovers)	. 8a(3)			2674				
b Other income (loss)	. 8b		-62	011				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							478865
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		37	156				
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g		3	610				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							40766
i Net income (loss) (subtract line 8h from line 8c)	. 8i							438099
j Transfers to (from) the plan (see instructions)	8j							
B If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature code	s from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	s:
10 During the plan year:				Yes	No	N/A	Δ	mount
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interess reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?				Х				05000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10c	^	X			95000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of th	by an insurance ne benefits under	10a	X				29
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	as of year er	nd.)	10g	Χ				24290
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10g 10h		X			21200
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			,	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 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						302 of EF	RISA?	Yes 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	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		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 Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
	rianio	of tubics of suctorial		telephone number						
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)?		Design- based safe ADP/ACP harbor test method						
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).

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

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information								
For calen	dar plan year 2015 or fi	iscal plan year beginning 01/01/201	5	and ending 12	/31/2015					
		a single-employer plan	a multiple-employer	plan (not multiemployer)) (Filers checking	this box must attach a				
A This re	eturn/report is for:		list of participating e	mployer information in a	n accordance with the form instructions)					
		a one-participant plan	a foreign plan							
5 :		П нь г	п							
B This re	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)					
C Check	box if filing under:	X Form 5558	☐ DFVC program							
	-	special extension (enter descrip	automatic extension		□ brvc	program				
Page 11	Basia Blandafa									
Part II		prmation—enter all requested info	rmation		1 41					
1a Name	•	404/b) DLAN			1b Three-digi					
STSTIMA	TECHNOLOGIES, INC.		plan numb	001						
					1c Effective of	ate of plan				
		06/03/200								
		yer, if for a single-employer plan)			2b Employer	dentification Number				
Mailin	ng address (include roor	m, apt., suite no. and street, or P.O.	Box)		(EIN) 27-0011081					
	FECHNOLOGIES, INC.	e, country, and ZIP or foreign postal	code (if foreign, see inst	tructions)	2c Sponsor's	telephone number				
O TO THIS Y	. 20					425) 487-4020				
					2d Business	ode (see instructions)				
10809 - 120	OTH AVE. N.E.				541330					
KIRKLAND.	WA 98033									
-	·	nd address X Same as Plan Sponsor			2h Ad-1-1-4	Lada Ethi				
ou riant	administrator s name an	d address Poanle as rian sponsor	l .		3b Administrator's EIN					
					3c Administrator's telephone number					
					Administrator s telephone number					
4 If the	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN					
name	, EIN, and the plan nun	nber from the last return/report.	o last rotalist open injud .	or and plan, order alo	TO EIN					
a Spons	or's name				4c PN					
5a Total	number of participants	at the beginning of the plan year	***************************************		5a	42				
		at the end of the plan year			5b	58				
		account balances as of the end of the			5 -					
					5c	44				
d(1) Tot	al number of active part	ticipants at the beginning of the plan	year		5d(1)	42				
d(2) Tot	al number of active part	ticipants at the end of the plan year			5d(2)	52				
		erminated employment during the pl								
than	100% vested		·	***************************************	5e	0				
Caution: A	A penalty for the late o	or Incomplete filing of this return/re er penalties set forth in the instruction	eport will be assessed	unless reasonable cau	ise is established	1.				
SB or Sche	edule MB completed and	d signed by an enrolled actuary, as v	well as the electronic ver	examined this return/report	port, including, it a	pplicable, a Schedule of my knowledge and				
belief, it is	true, correct, and comp	lete.			., and to the book c					
SIGN	X Z	/C	10/11/16	XJ Tom Pr	enzlow					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu		administrator				
SIGN			- Butto	Litter Harrie of Highway	dai signing as plai	auministrator				
HERE										
	Signature of employ	rer/plan sponsor ime, if applicable) and address (inclu	Date	Enter name of individu						
i ichaici 2	name (moluting iiiti) na	ine, ii applicable) allu address (inclu	ide room of suite numbe	1)	Preparer's teleph	one number				
				1						
				J						
				ţ						

Form 5500-SF 2015	·	Page 2				_			
 Were all of the plan's assets during the plan year invested in el Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca 	of an independ ity and condition	ent qualified public	c accou	ıntant (IQPA)		k∏ Yes ∏		
C If the plan is a defined benefit plan, is it covered under the PBG	C insurance pro	gram (see ERISA	section	4021)	?	Yes	 ☐No ☐ Not determined		
Part III Financial Information						-			
7 Plan Assets and Liabilities	и да н	(a) Beginni	ng of Y	ear e			(b) End of Year		
a Total plan assets	7a		2541				2979531		
b Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	7с		2541	432			2979531		
8 Income, Expenses, and Transfers for this Plan Year		(a) Am	ount		$_{ m L}$		(b) Total		
Contributions received or receivable from: (1) Employers	9-(4)		133	752					
(2) Participants			244			S TE			
(3) Others (including rollovers)			162		-				
b Other income (loss)			-620						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-021	110	Step 1				
d Benefits paid (including direct rollovers and insurance premiums			pel list.		(1) (1)		478865		
to provide benefits)			371	156		A F.			
e Certain deemed and/or corrective distributions (see instructions).					43				
f Administrative service providers (salaries, fees, commissions)						The CAN			
g Other expenses			36	10	0	5. SE			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							40766		
Net income (loss) (subtract line 8h from line 8c)			l a s	7 1			438099		
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	··· 8j				Į.	a. 143			
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	Teature codes i			acteris	TIC COO	ies in tr	ne instructions:		
10 During the plan year:				Yes	No	N/A			
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 Fiduo	iary Correction	400	103	х	N/A	Amount		
b Were there any nonexempt transactions with any party-in-interes	t? (Do not inclu	de transactions	10a	-					
reported on line 10a.)			10b		×				
C Was the plan covered by a fidelity bond?			10c	Х			95000		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the b	enefits under	10e	х			29		
f Has the plan failed to provide any benefit when due under the pla			10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	х			24290		
h If this is an individual account plan, was there a blackout period?	(See instruction	s and 29 CFR			х		24290		
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	ne required noti	ce or one of the	10h						
j Did the plan trust incur unrelated business taxable income?			10i		-				
Part VI Pension Funding Compliance			10j						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	·····	·····				ile SB (Form Yes No		
11a Enter the unpaid minimum required contribution for all years from	Schedule SB (F	orm 5500) line 40	<u></u>			11a			
12 Is this a defined contribution plan subject to the minimum funding	requirements of	section 412 of the	e Code	or sec	tion 30		RISA? 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.)					
	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.	Month	enter th	e date o	f 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.			. 00.	
	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			
	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			
aca.	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
	Plan Terminations and Transfers of Assets				M-1	
13	Has a resolution to terminate the plan been adopted in any plan year?			Ye	es 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 the PBGC?				Yes X	No
_	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Pa	t VIII Trust Information					
14a	I Name of trust		14b ⊤	rust's Eli	<u> </u>	· · · · · · · · · · · · · · · · · · ·
14	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Pa	IRS Compliance Questions					
15	I is the plan a 401(k) plan?		Yes		∏No	
	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)?	employer	Des bas	sign- ed safe	 -	P/ACP
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	11(m)-	Yes	ilou	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	Rati perotest	entage		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	· ·	∏No	∏ N/A
	for tax law changes and codes).	Enter the ap	•			structions
	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 number of 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 number of 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 number of 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 number of the plan sponsor is 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 number of the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan advisory letter.	ımber				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter		ne plan's	last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as 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 whe retired), as required under section 401(a)(9)?	ther or not	Yes		No	□ N/A