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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit AUTOGRAPH, INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 27-2635522 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number AUTOGRAPH, INC. 206-313-5739 2d Business code (see instructions) 999 N. NORTHLAKE WAY, SUITE 300 541990 SEATTLE, WA 98103-3422 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 13 5a Total number of participants at the beginning of the plan year 5b 14 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5 5c complete this item)..... 12 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 13 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 02/13/2017 EILEEN MCCORMACK SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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 eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								X	Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	No	t determined		
_ <u>Pa</u>	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning				((b) End				
<u>a</u>	Total plan assets	7a		98902					16	66168		
	Total plan liabilities	7b		0					4.0	0		
	Net plan assets (subtract line 7b from line 7a)	7c		98902					16	66168		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) T	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0								
	(2) Participants	8a(2)		69916								
	(3) Others (including rollovers)	8a(3)		0)							
b	Other income (loss)	8b		14547								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8	34463		
d	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)	8d		17147								
	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		50								
<u>g</u>	Other expenses	8g		0						17107		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17197				
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i				67266						
J	Transfers to (from) the plan (see instructions)	8j		0								
	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the inst	truction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	uctions	:		
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	ount		
a		oluntary F	iduciary Correction	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X						
С	Was the plan covered by a fidelity bond?			10c		Х						
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	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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			10i								

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						∕es X No		
		r the unpaid minimum required contributions 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 302 of ERISA?										
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T				
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)) 13c(3) PN(s)				
Part	VIII	Trust Information								
14a	Name	of trust			14b ⁻	Trust's E	EIN			
14c	Name	of trustee or custodian					s or custod ne number	ian's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP		
			ΙП '	"Curre	ent year test	"	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage	Average N/A benefit test				
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes		☐ No				
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s [No			

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

2016

This Form is Open to Public Inspection

	arti Annual Repol	rt identification information								
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201					
A	This return/report is for:	x a single-employer plan		olan (not multiemployer) employer information in a						
		a one-participant plan	a foreign plan							
В	This return/report is:	the first return/report	the final return/report	:						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)					
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
*******		special extension (enter desc			******					
******		formation enter all requested	information		T 41					
та	Name of plan				1b Three-digit plan numbe	er				
	autoGraph, Inc. 4	01(k) Plan			(PN) ▶	001				
					1c Effective da 01/01/20	•				
2a	Mailing Address (include r	ployer, if for a single-employer plan) com, apt., suite no. and street, or P ince, country, and ZIP or foreign pos	structions)	2b Employer Identification Numb (EIN) 27-2635522						
	autoGraph, Inc.		0000 (10.0.g, 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c Sponsor's telephone number					
	- ,				(206) 31					
	999 N. Northlake	Way, Suite 300			2d Business co 541990	ode (see instructions)				
	US Seattle WA 98103-34	22								
3a	Plan administrator's name	e and address 🗶 Same as Plan Sp	onsor		3b Administrate	or's EIN				
					3c Administrate	or's telephone number				
_	15.11				4h cu					
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
а	Sponsor's name				4c PN					
_		nts at the beginning of the plan year	***************************************		5a	13				
b		nts at the end of the plan year			5b	14				
С	Number of participants wi	th account balances as of the end of	f the plan year (only define	d contribution plans	5c	5				
d((1) Total number of active p	participants at the beginning of the p	lan year	•••••	5d(1)	12				
ď	(2) Total number of active r	participants at the end of the plan ye	ar		5d(2)	13				
	• •	at terminated employment during the			GU(Z)	40				
е	less than 100% vested				5e	0				
Ca	aution: A penalty for the la	ite or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is establishe	d.				
Ur SE	nder penalties of perjury and 3 or Schedule MB complete	d other penalties set forth in the instr d and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	eport, including, if a	applicable, a Schedule				
pe	elief, it is true, correct, and c		1-1:-1:-	I	_					
S	ign gillen W	1 Comack	2/13/2017	Eileen McCormac	k					
ŀ	ERE Signature of plan a	4	Date	Enter name of individu	al signing as plan a	administrator				
9	IGN Green	milornall	2/13/2017	Eileen McCormac	k					
	IERE Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al signing as emplo	oyer or plan sponsor				
	eparer's name (including fire kip this question	m name, if applicable) and address ((include room or suite num	ber)	Preparer's teleph Skip this que					
					1	#### C 90				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? ((See instructions.)					*******	ΧY	es No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
SECONO	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21)?	••••••	Yes	<u></u>	No N	ot determined		
P	rt III Financial Information											
7_	Plan Assets and Liabilities		(a) Beginning of	Yea	r	╄-		(b) Er	nd of Year			
<u>a</u>	Total plan assets	7a	9	8,9	02	+			1	66,168		
b	Total plan liabilities	7b			0	-				0		
ç	Net plan assets (subtract line 7b from line 7a)	7c		8,9	02	+-		66,168				
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) Total			
a	(1) Employers	8a(1)			0							
	(2) Participants	8a(2)	6	9,9	16							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b	1	4,5	47					1. 15 . 15 . 15		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								84,463		
d	Benefits paid (including direct rollovers and insurance premiums	04	-	7,1	47							
e	to provide benefits)	8d		., -	0	Ŧ						
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f		-	50							
					0			9 7				
g h	Other expenses	8g 8h								17,197		
÷	Net income (loss) (subtract line 8h from line 8c)	8i		22.50						67,266		
i	Transfers to (from) the plan (see instructions)	8i			0					37,200		
D	rt IV Plan Characteristics	, <u>o</u> j				\$ 300 E	a. San Aleski					
-	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Cl	harac	torieti	ic Cod	les in t	ne inetr	uctions:			
Ju	2A 2E 2F 2G 2J 2K 2T 3D	salui e cou	es nom the List of Flam Of	lialac	Consu	000	163 111 (ie ii isti	uctions.			
b		atura aada	a from the List of Plan Chr	oroot	orietio	Code	o in the	inetru	otions:			
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracu	ensuc	Code	is in the	ะเกรเน	Cuons.			
D.	int V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amou	nt .		
-io		tions withi	n the time period	_	162	NO	NIA		Allou	III.		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•									
	Program)	-	•	10a		x						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x						
С	Was the plan covered by a fidelity bond?			10c		х			- 116			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х						
e	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	n?		10f		х		_				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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 tr	ne required	notice or one of the			Ê						
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i								

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Par		nloto	Sahadul	- CP					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500 and line 11a below)				Yes	s 🗓 No			
***************************************		•••••	11a	ļ					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or se	ection 30:	2 of	C	s 🕱 No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	, and ent	er the da	ite of the let	ter ruling			
	granting the waiver		D	ay	Year _				
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		12b	Τ					
	Enter the minimum required contribution for this plan year								
<u>c</u>	Enter the amount contributed by the employer to the plan for the 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 negative amount)		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes [No L	N/A			
Par	VII Plan Terminanations and Transfers of Assets								
_13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		Yes	X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	ın(s) to						
1	Sc(1) Name of plan(s):	3c(2)	EIN(s) 13c(3) PN(s)						
Par	VIII Trust Information - Skip These Questions								
14a	Name of trust		14b	Trust's	EIN				
140	Name of trustee or custodian		140		or custodia ne number	n's			
Par	IX IRS Compliance Questions - Skip These Questions								
***************************************	Is the plan a 401(k) plan? If "No," skip b.		Yes		☐ No				
15k	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-l safe har "Current	bor	tes				
			ADP tes		□ N/	'A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percenta test	age	Average benefit te	est N/A			
16k	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		☐ No				

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

Yes No

Yes No

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

and serial number

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

Defined Benefit Plan or Money Purchase Pension Plan Only:

18