## 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).

----

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF 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 BESTTECHSNW, INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2005 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) 83-0419221 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number BESTTECHSNW, INC. 206-353-9422 2d Business code (see instructions) 4004 NE 4TH ST., 107-424 541513 RENTON, WA 98056-4102 **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. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year ...... 0 5b **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 0 5c complete this item)..... 2 5d(1) d(1) Total number of active participants at the beginning of the plan year.....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

**d(2)** Total number of active participants at the end of the plan year ......**e** Number of participants that terminated employment during the plan year with accrued benefits that were less

than 100% vested .....

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

<u>belief, it is t</u>	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.	03/05/2017	JALENE MARLER			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator  Enter name of individual signing as employer or plan sponsor			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan			
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number		

5d(2)

0

Form 5500-SF 2016 Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes N
	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.)							X Yes N	
	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in					_	-	Пио П	Not determined
	t III Financial Information	ilisurarice p	orogram (see LINOA si	ection 4	021):		103		Not determined
	Plan Assets and Liabilities		(a) Basinnins	of Voor				(b) End of	V
		70	(a) Beginning	of Year 257978			(	(b) End of	year 0
	Total plan assets	7a 7b		20.0.0					
	Net plan assets (subtract line 7b from line 7a)	7c		257978	3				0
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amour	•				(b) Tota	.I
	Contributions received or receivable from:		(a) Amour	<u></u>				(b) 10ta	II.
	(1) Employers	8a(1)		0	)				
	(2) Participants	8a(2)		0	)				
	(3) Others (including rollovers)	8a(3)		0	)				
b	Other income (loss)	8b		6236	<b>i</b>				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6236
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		264214	ŀ				
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)				
f	Administrative service providers (salaries, fees, commissions)	8f		0	)				
g	Other expenses	8g		0	)				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							264214
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-257978
j_	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruction	ons:
Part	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	Voluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
	Was the plan covered by a fidelity bond?			10c	X				500
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 son the plan? (See instructions.)	her persor ne or all of	ns by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	an?	<del>-</del>	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	-	10g		X			
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Page 3-	1	
---------	---	--

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)						Yes No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No	
	(lf "\	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.	/lonth _	s, and	d enter t Day		of the lett Year	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live 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		1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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(	<b>3)</b> PN(s)	
<b>-</b>									
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
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:			sign-based "Prior year" ADP e harbor test				
			IП '	"Curre	ent year est	<u>"</u>	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		verage enefit test	□ N/A	
	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, en/	nter the	date	of the m	nost rece	ent determ	nination	
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 a	any plan participant a 5% owner who had attained at least age 70 ½ 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 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

For calendar plan year 2016 or								
	X a single-employer plan							
A This return/report is for:	☐ a one-participant plan		employer information in a	ccordance with the forr	n instructions.)			
	- a cus barnosbarn bran	a foreign plan						
B This return/report is	the first return/report	X the final return/repo	rt					
Part II Annual Report Identification Information For cellandar play waz 2016 or fixed plany apt 2016 or fixed plan apt 2016 or fixed plany apt 2016 or								
C Observe & Observed and								
Check box ir filing under:		L)	n	☐ DFVC program				
V	ormation—enter all requested in	formation		[ at =				
· ·	17 (W) D3				0.01			
BestTechsNW, Inc. 40	(K) Plan			1.007.007.07				
				1c Effective date of	of plan			
		O Boy)		The second second				
			nstructions)					
BESTTECHSNW, INC.								
4004 337 477 07 40	B 404							
4004 NE 4TH ST., 10	7-424			541513				
RENTON	WA 98056-410	12						
				3b Administrator's	FIN			
	and desired and real ope			Training rater of				
7 95				3c Administrator's	telephone number			
		the last return/report file	d for this plan, enter the	4b EIN				
See 11 Company of the	amber nom the last return/report.			4c PN				
	s at the healpping of the plan year.			<del></del>	3			
					0			
				. 5C	C			
d(1) Total number of active p	articipants at the beginning of the p	olan year		5d(1)	2			
d(2) Total number of active p	articipants at the end of the plan ye	ear		. 5d(2)	C			
e Number of participants that	it terminated employment during th	e plan year with accrued	benefits that were less	5e				
Caution: A penalty for the late	or incomplete filing of this retu	m/report will be assess	ed unless reasonable ca	use is established	0			
Under penalties of perjury and o	other penalties set forth in the instru	ctions, I declare that I ha	ive examined this return/re	eport, including, if appli	icable, a Schedule			
		as well as the electronic	version of this return/repo	rt, and to the best of m	y knowledge and			
PHENOMETRIC V	Manda	V03/05/20	17 JALENE MARLER					
HERE	administrator							
	administrator	Date	Enter name of moly	udai signing as pian ad	ministrator			
HERE	57.50			2 7 7 3				
1 I I I I I I I I I I I I I I I I I I I		Date   Enter name of individual signing as employer or plan sponsor						
Signature of empl			mber )					
Signature of empl			mber )					
Signature of empl			nber)					

	Form 5500-SF 2016	Page 2								
b	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 a under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public account ions.) rm 5500-SF and must Instea	ant (IC	PA) Forn	 1 5500.	X Yes No			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year			
а	Total plan assets	7a	257,	978						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	257,	978			(			
8	Income, Expenses, and Transfers for this Plan Year	12.0	(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other Income (loss)	8b	6,	236	PT.	SETTING.				
Ç	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		531			6,230			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	264,	214						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	311	m vo-				
f	Administrative service providers (salaries, fees, commissions)	8f		0	REL	and the Com-				
g	Other expenses	8g		0			78755 87			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					264,214			
i	Net income (loss) (subtract line 8h from line 8c)	81					-257,978			
j	Transfers to (from) the plan (see instructions)	81			E S	17/25				
Pai	TIV 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 Plan Cha	racteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteris	tic Co	des in t	he instructions:			
Par	t V Compliance Questions									
10	During the plan year:			Yes	No	N/A	Amount			
7.15										

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	203	
b	Were there any nonexempt transactions with any party-in-Interest? (Do not Include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х		5	50,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	11000	
6	Were any fees or commissions pald 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		Х		
f	Has the plan falled to provide any benefit when due under the plan?	10f		Х	(3)33	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	2.53	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		The State of the S
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	101				

Page	3-	

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)					_ Y	es 🗌 No
11a	Enter 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 Co ERISA?					Y	es X No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					(1) 1-11-	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insti- granting the waiver.		s, and	Day		Year_	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3,					
þ	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 le negative amount)			12d			
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Ye	s No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		10000	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt unde	r the			X Yes	No
С	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the p	lan(s)	to			
	(3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
0							
Part	VIII Trust Information						
14a	Name of trust			14b	Trust's I	EIN	
14c	Name of trustee or custodian					's or custodi ne number	an's
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			☐ No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h	n-base larbor ent year est		"Prior ye test N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	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	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	plnlon					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	ter the	date	of the n	nost rec	ent determir	nation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	rated f	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	