Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information								
For calenda	r plan year 2016 or f	scal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.) a foreign plan										
B This retu	rn/report is	the first return/report	X the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program					
Don't II	Dania Dian Info	special extension (enter descriptions)	. ,							
Part II		ormation—enter all requested in	formation		46 -					
1a Name o	of plan TIREMENT PLAN				1b Three-digit plan number (PN) ▶	001				
					1c Effective dat	e of plan 1/01/2011				
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)		entification Number 6-1199666				
AMAXRA, INC		se, country, and Zir or loreign post	ai code (ii ioreign, see insi	u ucuons)	2c Sponsor's te	elephone number 749-7471				
8575 - 154TH AVE. N.E., BLDG. J REDMOND, WA 98052					2d Business code (see instructions) 541990					
3a Plan ad	lministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrato	r's EIN				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name, a Sponso	•	mber from the last return/report.			4c PN					
		at the beginning of the plan year			5a					
					5b					
		at the end of the plan yearaccount balances as of the end of				C				
	ete this item)				5c	C				
d(1) Tota	I number of active pa	articipants at the beginning of the pl	an year		5d(1)	41				
d(2) Tota	l number of active pa	articipants at the end of the plan ye	ar		5d(2)	(
than 1	00% vested	terminated employment during the			5e	(
		or incomplete filing of this return ther penalties set forth in the instru-								
SB or Schee		nd signed by an enrolled actuary, a								
SIGN HERE		/valid electronic signature.	03/15/2017	ROSALYN ARNTZEN	N					
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN HERE										
	Signature of emplo		Date	Enter name of individ						
Preparer's r	name (including firm	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's teleph	one number				

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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	an indeper	dent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann								_	_
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	ogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		148940)				0	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		148940)				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Γotal	
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		24516						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		7408	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							31924	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		180864						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)								180864	
i_	i Net income (loss) (subtract line 8h from line 8c)								-148940	
j	j Transfers to (from) the plan (see instructions)									
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	duciary Correction	10a		Х				
b				10b		X				
С				10c		X				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
е	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				
f				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10q		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	ne required	notice or one of the	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)						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 brougo ol 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(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
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:	- LL ;		n-based arbor	d [erior y test	/ear" ADP
			- □ '	"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
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are 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

Annual Report Identification Information

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.

2046

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016												
_	a single-employer plan a multiple-employer plan (not multiemployer)						er) (Filen	r) (Filers checking this box must attach a				
A This	return/report is for:	a one-participant plan	_	list of participa	ating e	mploye	r information in	accord	ance with the for	m instructions.)		
☐ a one-participant plan ☐ a foreign plan												
B This re	eturn/report is	the first return/report	▼ ti	he final return/	report							
	·	an amended return/repo		a short plan yea			rt (less than 12	2 months	3)			
C Check	k box if filing under:		_					_				
• 0.103	C DOX II IIIIII G GIGGI.	Form 5558		automatic exte	nsion			Πр	FVC program			
Part II	Posic Plan Info	special extension (enter										
1a Nam		ormation—enter all reques	sted informat	tion			·	1h	There died	ı		
	RETIREMENT PLAN							10	Three-digit plan number			
									(PN) •	001		
								1c	Effective date o 01/01/2011	f plan		
2a Plan Mailir	sponsor's name (emplo	oyer, if for a single-employer	plan)					2b	Employer Identif	fication Number		
City	or town, state or provinc	m, apt., suite no. and street, e, country, and ZIP or foreigi	or P.O. Box) n postal cod) le (if foreign, se	ee inst	ruction	s)	<u> </u>	(EIN) 26-119966	56		
AMAXRA,	NC.			· (10000	-,	2c	Sponsor's telep	hone number 749-7471		
								2d	Business code (
8575 - 1547	TH AVE. N.E., BLDG. J								541990	ood mondoner,		
REDMOND), WA 98052											
		nd address K Same as Plan	Sponsor.				-	3b	3b Administrator's EIN			
		Ш	Горопос.									
								3c Administrator's telephone number				
4 If the	name and/or FIN of the	plan sponsor has changed s	rince the lee	t roturn/report	filed &	thio .	-ltor the	416				
name	e, EIN, and the plan num	mber from the last return/repo	ort.	it returninebort	Tilea ic	or triis p	olan, enter the	4D	4b EIN			
	sor's name		<u></u>				· · · · · · · · · · · · · · · · · · ·	4c	PN			
		at the beginning of the plan y						_	5a 44			
b Total	number of participants a	at the end of the plan year		•••••				51)	0		
C Numb	per of participants with a plete this item)	account balances as of the er	nd of the plai	n year (only de	efined	contrib	ution plans	50	;	0		
		ticipants at the beginning of t							1)	41		
		ticipants at the end of the pla										
		terminated employment durin								0		
than	100% vested							5e	1	0		
Under pen	A penalty for the late of alties of periory and other	or incomplete filing of this representations are penalties set forth in the in	eturn/repor	t will be asset	ssed t	unless	reasonable ca	ause is	established.	his a Cabadula		
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actua	ary, as well a	as the electron	nic vers	sion of	this return/repo	ort, and t	o the best of my	knowledge and		
SIGH	X X			12/2/2	017	XJ R	OSALYN	ARN-	IZEN			
HERE	Signature of plan ad	iministrator		Date					ning as plan adm	inistrator		
SIGN							-		<u> </u>			
HERE	Signature of employ			Date		Enter	name of indivi	dual sigr	ning as employer	or plan sponsor		
Preparer's	name (including firm na	arne, if applicable) and addres	ss (include re	oom or suite n	umber	Γ)		Prepa	arer's telephone r	number		

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Pa	ae	2

b	Were all of the plan's assets during the plan year invested in eligi 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	f an indepo and cond not use F	endent qualified public litions.)orm 5500-SF and mu	accou	ntant (i ead us	IQPA)	m 550(
The latest and the la	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan in	insurance	program (see ERISA :	section	4021)1	?	Yes	No Not determined
7	Plan Assets and Liabilities		(a) Beginning					
a	Total plan assets	. 7a	(a) Beginning	1489				(b) End of Year
	Total plan liabilities	7b	 	140				0
	Net plan assets (subtract line 7b from line 7a)	7c	 	1489	240	-		0
8	Income, Expenses, and Transfers for this Plan Year	BH (E.S.)	(a) Amou					
a	Contributions received or receivable from:		(a) Airiou	nı		-0-	Tallore	(b) Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		245	516			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		74	80	Mills.		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31924
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	180864					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				1		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				22.45 237.11			180864
i_	Net income (loss) (subtract line 8h from line 8c)	8i	8i					-148940
<u>j</u>	Transfers to (from) the plan (see instructions)							
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic C	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acterist	tic Co	des in t	he instructions:
Par	V Compliance Questions							4
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		х	ц _{Е,}	Allount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х	200	
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e		х		
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			10g		х		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions and 29 CFR	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	e required	notice or one of the	10i				

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Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comp	lete Sc	hedule S	В		Yes [No
_11	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 CERISA?	code c	r sectio	on 302 o	F		Yes 2	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in							
	granting the walver.	Month	ons, an	o enter i Day		of the lett Year	er ruling	g ———
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
	D Enter the minimum required contribution for this plan year			12b				
	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)		•••••	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
Parl	Plan Terminations and Transfers of Assets							
13	Has a resolution to terminate the plan been adopted in any plan year?				X Yes	N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			()
b		aht un	der the			Yes [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.)	ify the	plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s))
Pari	YIII Trust Information							
14a	Name of trust	-		14b T	rust's Ell	N		_
14c	Name of trustee or custodian					or custodi number	ian's	
Par	IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	🔲	Yes			No		
15b	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			"Prior ye test	ar" ADI	Þ
16-		卫	ADP to	nt year" est		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percertest	ntage	Ave bend	rage efit test	Пи	/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		
17a	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							of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, entletter	er the	date o	f the mos	st recent	determin	ation	
	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 separ service?	ated f	rom	Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	······		Yes	<u></u>	No		