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 FLOSCAN INSTRUMENT COMPANY, INC. 401(K) SAVINGS PLAN plan number 001 (PN) • 1c Effective date of plan 05/01/1994 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) 91-0845011 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number FLOSCAN INSTRUMENT COMPANY, INC. 206-524-6625 2d Business code (see instructions) 3016 NE BLAKELEY STREET 339900 SEATTLE, WA 98105 **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 47 5a Total number of participants at the beginning of the plan year 5b 40 **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 33 5c complete this item)..... 39 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 31 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 t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	06/05/2017	JOHN SABUTIS				
	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 spons				
Preparer's	name (including firm name, if applicable) and address (include	room or suite number	r)	Preparer's telephone number			

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • 10c × 10d × 10d × 10e	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	S No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes	s 📗 No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Tender (b) End of Year (a) Tender (b) End of Year (b) End of Year (a) Tender (b) End of Year (a) Tender (b) End of Year (a) Tender (b) End of Year (a) End of Yea							_	-		¬	
7 Plan Assets and Liabilities		<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
a Total plan isolitities. 7a	<u> Pa</u>			i							
D Total plan liabilities	7_	Plan Assets and Liabilities							(b) End o		2
C. Net plan assets (subtract line 7b from line 7a)		·		3	190268					333693	J
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 15477 (2) Participants. 8a(2) 83654 (3) Others (including rollovers). 8a(3) b Other income (loss). 8b D Other income (loss). 8c D Other income (loss)				2	100000					222602	2
a Contributions received or receivable from: (1) Employers		Net plan assets (subtract line 7b from line 7a)	7c	3	190200	•					
(1) Employers 8a(1) 1947/ (2) Participants 8a(2) 83654 (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Others (including rollovers) 8a(3) (5) Other income (loss) 8b 212951 (6) Other income (loss) 8b 212951 (7) Otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 312082 (7) Otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 152405 (8) Benefits gaid (including direct rollovers and insurance premiums to provide benefits) 8d 152405 (9) Other expenses income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 152405 (9) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 152405 (9) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 152405 (9) Other expenses (add lines 8a(3), 8a(3), and 8b) 8d 152405 (9) Other expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165420 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165405 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165405 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165405 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165405 (1) Notal expenses (add lines 8a(3), 8a(3), and 8b) 8d 165405 (1) Notal expenses (add lines 8a(3), 8a(4), and 8b(3), 8a(4), 8				(a) Amour	nt	t (b) Total					
(2) Participants	а		8a(1)		15477	,					
(3) Other s(including rollovers)					83654						
b Other income (loss)											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	· · · · · · · · · · · · · · · · · · ·			212951						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·								31208	2
to provide benefits)											
f Administrative service providers (salaries, fees, commissions)			8d		152405						
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	Iministrative service providers (salaries, fees, commissions) 8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			_					
Transferse to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i_	Net income (loss) (subtract line 8h from line 8c)	8i							14666	2
9a	<u>j</u>	j Transfers to (from) the plan (see instructions)									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai										
Part V Compliance Questions 10 During the plan year: a Was there a failure 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)	9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
10 During the plan year: a Was there a failure 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year: a Was there a failure 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10					Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	102		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		· · · · · · · · · · · · · · · · · · ·			10c	X					320000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	e 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			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
2520.101-3.)	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X					27974
	h	·			10h		X				
	i				10i						

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Part	VI	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							es No	
11a	Ente	er 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 ERISA?						f 		es X No	
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruotior	20.000	d ontor t	ho data	of the letter	ruling	
	gran	ting the waiver	onth _	15, and	_ Day		Year _		
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			406				
<u> </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 leastive amount)			12d			_	
<u>e</u>	Will	the 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 resolution to terminate the plan been adopted in any plan year?				Yes	s X No)	
	If "Y	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 brouging of the PBGC?					Yes X	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the p	plan(s)) to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information							
14a Name of trust					14b ⁻	4b Trust's EIN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Part	: 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:		Desig safe h	n-based narbor	^t [l "Prior ye test	ar" ADP	
□ "Cur			"Curre	rent year" N/A P test					
				entage	tage Average N/A benefit test N/A				
16b 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?				☐ 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 the letter/									
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 letter/									
	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 sepace?		from	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s [No		