## 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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection** 

Part I		t Identification Information			2/04/0040		
For calend	ar plan year 2016 or t	fiscal plan year beginning 01/01/2			2/31/2016		
▲ 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 IIIISTE	um/report is ior.	a one-participant plan	a foreign plan	employer imormation in ac	cordance with the lo	in instructions.	
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program		
Dort II	Basia Blan Inf	special extension (enter desc					
Part II  1a Name		ormation—enter all requested in	ntormation		<b>1b</b> Three-digit		
ITN 401(K) F					plan number		
					(PN) <b>•</b>	001	
					1c Effective date	of plan /01/2016	
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer Ider (EIN) 91-	ntification Number 2111094	
	TECHNOLOGIES N	ce, country, and ZIP or foreign pos ORTHWEST, INC.	tal code (if foreign, see in	structions)	2c Sponsor's tele 425-7	ephone number 74-1377	
					2d Business code	e (see instructions)	
6825 - 216TH LYNNWOOD	H ST. S.W., SUITE E D. WA 98036				517	7000	
	,						
<b>3a</b> Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrator'	s EIN	
					<b>3c</b> Administrator'	s telephone number	
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report file	I for this plan, anter the	4b EIN		
		umber from the last return/report.	the last return/report filet	a for this plant, enter the	40 EIN		
<b>a</b> Spons	or's name				4c PN		
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	20	
<b>b</b> Total	number of participant	s at the end of the plan year			5b	25	
C Numb comp	er of participants with lete this item)	account balances as of the end of	the plan year (only define	ed contribution plans	5c	18	
		articipants at the beginning of the p			5d(1)	20	
		articipants at the end of the plan ye	-		5d(2)	22	
		t terminated employment during the			5e	(	
Caution: /	100% vested	or incomplete filing of this retur	n/roport will be assessed	d unless reasonable car			
		ther penalties set forth in the instru				olicable, a Schedule	
SB or Sche	edule MB completed a	and signed by an enrolled actuary,					
	true, correct, and con	d/valid electronic signature.	06/13/2017	ANDREW S. ANTHON	JV		
SIGN HERE							
	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator	
SIGN HERE							
		oyer/plan sponsor	Date	Enter name of individ			
Preparer's	name (including firm	name, if applicable) and address (i	nciude room of suite num	iber)	Preparer's telephor	ne number	

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s $\prod$ No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a		0	)				35681	3
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		0	)				35681	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
а	Contributions received or receivable from:	90/1)		39460						
	(1) Employers	8a(1) 8a(2)		69824						
				221292	_					
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		26237						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35681	3
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i_	Net income (loss) (subtract line 8h from line 8c)	income (loss) (subtract line 8h from line 8c)							35681	3
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes 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 f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instr	uctions:	
Par	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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
C	Was the plan covered by a fidelity bond?			10c		X				
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	in?		10f		X				
9		-	•	10g		X				
h	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 con 5500) and line 11a below)				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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 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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> 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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent 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:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			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).

2010

OMB Nos. 1210-0110 1210-0089

2016

Revenue Code (the Code).

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

Part I	Annual Report	Identification Information						
For calen	dar plan year 2016 or f	iscal plan year beginning 01/01/2016	3	and ending 12	/31/2016			
A Thie r	A This return/report is for:  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 IIIIST	etumneport is roi.	a one-participant plan	a foreign plan					
<b>B</b> This re	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	n/report (less than 12 r	months)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n		
		special extension (enter descrip						
Part II	Basic Plan Info	rmation—enter all requested info	mation					
1a Name	•				1b Three-digit			
ITN 401(k)	PLAN				plan numb (PN) ▶	er   001		
					1c Effective d			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)			dentification Number		
City o	or town, state or provinc	e, country, and ZIP or foreign postal		ructions)	<del></del>	telephone number		
INTERFAC	E TECHNOLOGIES NO	DRTHWEST, INC.			(4	425) 774-1377		
600E 046T	THET OW CHITE				20 Business c 517000	ode (see instructions)		
0825 - 2101	TH ST. S.W., SUITE E				317000			
LYNNWOO	D, WA 98036	<u> </u>						
3a Pian a	administrator's name ar	nd address 🏿 Same as Plan Spons	or.		3b Administrator's EIN			
					3c Administrat	or's telephone number		
					JC Administrat	or s teleprione number		
		e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN			
	e, EIN, and the plan nur sor's name	nber from the last return/report.			4c PN			
					5a	20		
		at the beginning of the plan year			5b	20		
		at the end of the plan year account balances as of the end of the				25		
					5c	18		
<b>d(1)</b> Tot	tal number of active par	ticipants at the beginning of the plan	year		5d(1)	20		
<b>d(2)</b> Tot	tal number of active par	ticipants at the end of the plan year			5d(2)	22		
e Numi	ber of participants that	terminated employment during the p	lan year with accrued be		5e	0		
Caution: A	A penalty for the late of	or incomplete filing of this return/r	eport will be assessed					
SB or Scho		ner penalties set forth in the instruction ad signed by an enrolled actuary, as plete.						
SIGN	v /2 -1	)	v5-25-17	× Andrew S. A	Inthonu			
HERE	Signature of plan a	dministrator	Date	Enter name of individ		administrator		
SIGN	Organization of plants		, 50.0		out organicing do pica	adili iloli di di		
HERE	Signature of omploy	vor/plan enongor	Date	Enter name of individ	lual signing as amy	oloyer or plan sponsor		
Preparer's	Signature of employ name (including firm name)	ame, if applicable) and address (incli			Preparer's teleph			
·	. •							

	Form 5500-SF 2016		Page <b>2</b>	_					
b c	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 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 the plan is a defined benefit plan, is it covered under the PBGC in the plan cannot be plan in 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.	an indeper and condit not use Fo	ndent qualified public ions.)rm 5500-SF and mus	account	tant (10	QPA) e Forr	n 5500		X Yes No
7	Plan Assets and Liabilities		(a) Beginning	of Voc	. 1			/b\ End	of Voca
<u>'</u>	Total plan assets	7a	(a) Beginning	OI TEA	0		-	(b) End	356813
<u>a</u>		7b			<del>-  </del>				000010
	Net plan assets (subtract line 7b from line 7a)	7c			0		_		356813
8	Income, Expenses, and Transfers for this Plan Year	TO SAME OF	(a) Amour		Ť			(b) T	
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Allioui	3946	30	1 2		(0)	
	(2) Participants	8a(2)		698	24	- Th		`	
	(3) Others (including rollovers)	8a(3)		2212	92	w Th	ību b	u Hili s	
b	Other income (loss)	8b		2623	37				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					177		356813
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e					H.J.		
f	Administrative service providers (salaries, fees, commissions)	8f				s, 1	VE	niğ - i	
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i		a de					356813
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	istic Co	odes in	the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	cteris	tic Co	des in t	he instru	ctions:
Par	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х			
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			<u> </u>
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused			v			

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.).....

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.)
 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

exceptions to providing the notice applied under 29 CFR 2520.101-3...

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

10d

10e

10f 10g

10h

Х

Х

Х

Х

Earns	5500-	0	2040	

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Part	VI Pension Funding Compliance	··· <u>·</u>	_				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complet	e Sch	edule S	В		Yes No
	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 0 ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or s	ectio	n 302 of	f 		Yes X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	struction	s, and	d enter t	he date	of the lett	er ruling
	granting the waiver	Month_		Day		Year	
			-	42h			
	Enter the minimum required contribution for this plan year			12b			<del></del>
	Enter the amount contributed by the employer to the plan for this plan year			12c			<u> </u>
d	negative amount)			12d			- <u> -  </u> -  -  -  -  -  -  -  -  -  -  -  -  -  -
	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?				Ye	s 🛛 I	No
	If "Yes," 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 brou control of the PBGC?	ght unde	r the			Yes	X No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	1:	3c(2)	EIN(s)		13c(	3) PN(s)
		•					
Part	VIII Trust Information						
14a	Name of trust			14b T	rusťs E	EIN	_
14c	Name of trustee or custodian					s or custod ne number	lian's
Part	IRS Compliance Questions					_	
15a	Is the plan a 401(k) plan? If "No," skip b	🛮 `	'es		[	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:		esign afe ha	-based arbor	E	"Prior ye test	ear" ADP
			Currer DP te	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 ercer est	ntage		rerage nefit 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?	Y	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion l	etter o	or advis	ory lette	er, enter th	e date of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	nter the d	ate o	f the mo	st rece	nt determi	nation
1	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?	arated fro	m	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\%$ during the prior plan year?			Yes		No	