Form 5500-SF		Short Form Annu	t of Small Employee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury nal Revenue Service		4065 of the Employee Retireme								
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open									
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information cal plan year beginning 01/01/2	016	and ending 12/31/20	16						
For calenda	ar plan year 2016 or fisc	X a single-employer plan									
A This ret	urn/report is for:	a single-employer plan		olan (not multiemployer) (Filers of mployer information in accordar	-						
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		√C program						
		special extension (enter descr	, ,								
Part II		mation—enter all requested inf	ormation	41							
1a Name SYSTIMA TE	of plan ECHNOLOGIES, INC. 4	01(K) PLAN			Three-digit plan number (PN) ▶ 001						
				1c	Effective date of plan 06/03/2002						
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C , country, and ZIP or foreign posta			Employer Identification Number (EIN) 27-0011081						
	ECHNOLOGIES, INC.	, country, and zir of foreign post		2c	2c Sponsor's telephone number 425-487-4020						
10809 - 1207 KIRKLAND, V				2d	Business code (see instructions) 541330						
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.	3b	Administrator's EIN						
				30	Administrator's telephone number						
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the 4b	EIN						
a Spons	or's name			4c	PN						
5a Totalı	number of participants a	t the beginning of the plan year			58						
		t the end of the plan year			65						
		ccount balances as of the end of			52						
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year								
• •		icipants at the end of the plan yea erminated employment during the									
		in a smallete filling of this nation									
Under pena SB or Sche	alties of perjury and othe	signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/report, in	cluding, if applicable, a Schedule						
SIGN		alid electronic signature.	06/19/2017	TOM PRENZLOW							
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sig	ning as plan administrator						
SIGN	<u></u>				<u></u>						
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individual sig	ning as employer or plan sponsor						
Preparer's		me, if applicable) and address (in	clude room or suite numb		arer's telephone number						
		and the Instructions for Form FEOO			Earm 5500 SE (2016)						

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 4021)?	. Yes No Not determined						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	2979531	3075185						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2979531	3075185						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	160363							
	(2) Participants	8a(2)	287525							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	286918							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		734806						
d	Benefits paid (including direct rollovers and insurance premiums		614192							

-				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	614183	
е	Certain deemed and/or corrective distributions (see instructions).	8e	21555	
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	3414	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		639152
i	Net income (loss) (subtract line 8h from line 8c)	8i		95654
j	Transfers to (from) the plan (see instructions)	8j		

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: 2E 2G 2J 2K 2T 3D

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:		Yes	No	N/A	Amount
а	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)	10a		х		
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			95000
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		Х		
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			111
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 of year-end.)	10g	Х			1251
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				
е	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 XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		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	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Chart Farms Arres	1 m				
Short Form Annu	oloyee	OMB Nos. 1210-011 1210-008			
This form is required to be file	and 4065 of the Employee	ee Retirement 2016			
-	Code).		This Form is Open to		
Complete all entries in	accordance with the	instructions to the Form	5500-SF.	Public Inspection	
Identification Information	16	and onding 40	10410040		
				ing this how must attach a	
a one-participant plan	list of participating	g employer information in a	accordance wi	th the form instructions.)	
the first return/report	the final return/rep	ort			
an amended return/report			months)		
Form 5558	automatic extensi	on	DFVC pro	ogram	
			-		
rmation-enter all requested inf	formation				
401(k) PLAN			plan n (PN) 1c Effecti	ve date of plan	
apt., suite no. and street, or P.O.	. Box) al code (if foreign, see i	nstructions)	2b Employ (EIN) 2	yer Identification Number 27-0011081 or's telephone number	
			Ĺ	(425) 487-4020 ss code (see instructions)	
			541330		
			3c Adminis	strator's telephone number	
plan sponsor has changed since the	ne last return/report file	d for this plan, enter the	4b EIN		
der nom me last returmeport.					
t the beginning of the plan year					
				<u>58</u> 65	
count balances as of the end of th	e plan vear (only defin	ed contribution plans	5c	6552	
cipants at the beginning of the play	n year		5d(1)	52	
cipants at the end of the plan year			5d(2)	54	
rminated employment during the p	an year with accrued i	henefits that were less		0	
incomplete tilling of this return/	ranort will he seesee	d unless researchie oor		-	
r penalties set forth in the instructi signed by an enrolled actuary as	ons I declare that I have	a examined this return/see	and in all others.	M	
λ	16/13/17	X Tom P	renzion		
ninistrator	Date				
			a aging as	nan auministrator	
r/plan sponsor	Date	Enter name of individu			
ne, if applicable) and address (incl	ude room or suite numi	ber)		employer or plan sponsor ephone number	
see the Instructions for Form 5500 @				Form 5500-SE (2016)	
	This form is required to be file Income Security Act of 1974 Complete all entries In Identification Information Scal plan year beginning 01/01/20 a single-employer plan a one-participant plan file first return/report an amended return/report Form 5558 special extension (enter descare rmation—enter all requested in 401(k) PLAN rer, if for a single-employer plan) an address Same as Plan Spon file address Same as Plan Spon plan sponsor has changed since the ber from the last return/report. the beginning of the plan year count balances as of the end of the cipants at the beginning of the plan year ministrator	Benefit Pla This form is required to be filed under sections 104 a Income Security Act of 1974 (ERISA), and sections Revenue Code (the 0) Complete all entries In accordance with the Identification Information scal plan year beginning 01/01/2016	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). > Complete all entries in accordance with the instructions to the Form Identification Information seal plan year beginning 01/01/2016 and ending 12 a single-employer plan a multiple-employer plan (on the multiple employer information in a a foreign plan b a single-employer plan a short plan year return/report a amended return/report a short plan year return/report (tess than 12 if participating employer information in a special extension (enter description) rmation—enter all requested information 401(k) PLAN et address () Same as Plan Sponsor. plan sponsor has changed since the last return/report filed for this plan, enter the ber from the last return/report. t address as of the end of the plan year count balances as of the end of the plan year (only defined contribution plans cipants at the end of the plan year count balances as of the end of the plan year miniated employment during the plan year with accrued benefits that were less incomplete filing of this return/report will be assessed unless reasonable cas is for this return/report will be assessed unless reasonable cas is for the plan year cipants at the beginning of the plan year Con Y Con Y P P ministrator Date <td>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 8068(a) of the Internal Revenue Code (the Code). P Complete all entries in accordance with the instructions to the Form 5500-SF. Identification Information and ending 12/31/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Files check is of participant plan a foreign plan the first return/report the final return/report (less than 12 months) Porm 5558 automatic extension DFVC pro- special extension (enter description) rmation—enter all requested information 401(k) PLAN the first return/report bit of participant (less than 12 months) participant plan bit of the first return/report (less than 12 months) plan amended return/report a short plan year return/report (less than 12 months) provide extension (enter description) rmation—enter all requested information 401(k) PLAN to the region (enter description) rtation = and street, or P.O. Box) country, and ZIP or foreign postal code (if foreign, see instructions) 2 de Busine 5 data defines a short plan year for this plan, enter the bit for a single-employer plan) a spin sub no. and street, or P.O. Box) f address is of the end of the plan year for this plan, enter the bit form the last return/report. 4 do the plan year bit the beginning of the plan year minated employment during the plan year form the contribution plans 5 c count balances as of the end of the plan year minated employment during the plan year minated employment during the plan year <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call</i></td>	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 8068(a) of the Internal Revenue Code (the Code). P Complete all entries in accordance with the instructions to the Form 5500-SF. Identification Information and ending 12/31/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Files check is of participant plan a foreign plan the first return/report the final return/report (less than 12 months) Porm 5558 automatic extension DFVC pro- special extension (enter description) rmation—enter all requested information 401(k) PLAN the first return/report bit of participant (less than 12 months) participant plan bit of the first return/report (less than 12 months) plan amended return/report a short plan year return/report (less than 12 months) provide extension (enter description) rmation—enter all requested information 401(k) PLAN to the region (enter description) rtation = and street, or P.O. Box) country, and ZIP or foreign postal code (if foreign, see instructions) 2 de Busine 5 data defines a short plan year for this plan, enter the bit for a single-employer plan) a spin sub no. and street, or P.O. Box) f address is of the end of the plan year for this plan, enter the bit form the last return/report. 4 do the plan year bit the beginning of the plan year minated employment during the plan year form the contribution plans 5 c count balances as of the end of the plan year minated employment during the plan year minated employment during the plan year <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Gall3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call3117</i> <i>Call</i>	

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Form 5500-SF 2016

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6a 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	f an indeper and condit	ndent qualified public tions.)	accour	ntant (I	QPA)					
c	If you answered "No" to either line 6a or line 6b, the plan can if the plan is a defined benefit plan, is it covered under the PBGC i										
	art III Financial Information	·					<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of Year			
a	Total plan assets	. 7a		29795			3075185				
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		29795	31			3075185			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total			
a	Contributions received or receivable from:			4000							
	(1) Employers	8a(1)		1603							
	(2) Participants			2875	25	1.0	es s				
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		2869	18	10	1 ²				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		re en			-	734806			
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6141	83						
е	Certain deemed and/or corrective distributions (see instructions)	8e		215	55	1					
f	Administrative service providers (salaries, fees, commissions)				-						
g	Other expenses	8g		34	14						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12000	1000	639152					
	Net income (loss) (subtract line 8h from line 8c)	8i					95654				
j	Transfers to (from) the plan (see instructions)		1								
Pa	t IV Plan Characteristics	8j			ł						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara		tic Co	des in th	ne instructions:			
Par											
10	During the plan year:				Yes	No	N/A	Amount			
a 	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fic	duciary Correction	10a		х					
. b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c	х			95000			
d	Did the plan have a loss, whether or not reimbursed by the plan's the plan's the plan's the plan's the plan's the plan's the plan is the p	fidelity bond	d, that was caused	10d		х					
e	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.)			10e	x			111			
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	of year-en	d.)	10g	x			1251			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruct	tions and 29 CFR	10g		х		1201			
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 r	otice or one of the	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 (Form 5500) and line 11a below).	complete Sc	hedule S	B	Ye	s 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				·1	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	Code or secti	on 302 o	f	Ye	s 🗙 No
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	nd enter : Day		of the letter	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b Enter the minimum required contribution for this plan year		. 12b			
C 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 negative amount)	left of a	12d			
e 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	X 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?	ight under the))	[Yes 🗙	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	tify the plan(s	i) to			
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) F	PN(s)
Part VIII Trust Information				······	
14a Name of trust		446 7	rust's El		
		140	rust's El	N	
14C Name of trustee or custodian				or custodiar e number	i's
Part IX IRS Compliance Questions	·····	l			
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:	Desig safe i	harbor		"Prior year test	" ADP
		ent year." test		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	entage		erage lefit 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?	Yes			No	<u> </u>
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 letter		-		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	nter the date	of the mo	ost recen	t determinat	ion
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?	arated from	Yes		No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	