_	rm 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emple	oyee	•	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be filed ur		4065 of the Employee R	etirem	ent	2014		
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (EF	RISA), and sections 60 evenue Code (the Cod		Interna	This F	Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the inst	tructions to the Form 5	500-SF		lic Inspection		
Part I		Identification Information		and anding 10	124/20	1.4			
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/2014		and ending 12/ plan (not multiemployer) (	<u>/31/20′</u> (Filors				
	turn/report is for: urn/report is	a one-participant plan         the first return/report         an amended return/report	of participating emplo a foreign plan the final return/report	oyer information in accord	dance	with the form ins			
C Check	box if filing under:	Form 5558	automatic extension			X DFVC progra	am		
			•						
Part II 1a Name		rmation—enter all requested inform	nation		1h	Three-digit	1		
	, INC. 401(K) PROFIT \$	SHARING PLAN				plan number			
					10	(PN)	001		
					IC	Effective date c	1/2008		
<b>2a</b> Plan s NEWEDGE,		dress; include room or suite number (e	employer, if for a single	ə-employer plan)			ification Number 067755		
1350 SPAUL	DING AVENUE				2c	bhone number 37-9900			
RICHLAND,	WA 99352				2d	Business code 5415	(see instructions) 13		
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor.			3b	Administrator's	EIN		
		e plan sponsor has changed since the nber from the last return/report.	last return/report filed	for this plan, enter the	4b		telephone number		
<b>·</b>	or's name				4c				
		at the beginning of the plan year					20		
		at the end of the plan year			51	0	18		
		account balances as of the end of the		•	50	C	13		
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the plan y	year		5d(*	1)	11		
<b>d(2)</b> Tot	al number of active par	rticipants at the end of the plan year			5d(	(2)	13		
		rminated employment during the plan			50	e	0		
Caution: A	A penalty for the late of	or incomplete filing of this return/re	port will be assessed	d unless reasonable cau	use is	established.			
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	ner penalties set forth in the instructior nd signed by an enrolled actuary, as w blete.	ns, I declare that I have ell as the electronic ve	e examined this return/repersion of this return/report	port, in t, and t	cluding, if applic to the best of my	able, a Schedule / knowledge and		
SIGN	Filed with authorized/	valid electronic signature.	06/20/2017	PAMELA HENDERSO	N				
HERE	Signature of plan ad	dministrator	Date	Enter name of individe	ual sig	ning as plan adı	ministrator		
SIGN									
HERE	Signature of employ		Date	Enter name of individ					
Preparer's	name (including firm na	ame, if applicable) and address (includ	de room or suite numb	er ) (optional)	Prep	arer's telephone	e number (optional)		

	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)		 YesNo
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	2406				267206
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	2406	58			267206
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	210	92			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	108	802			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31894
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52	21			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1	25			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5346
i	Net income (loss) (subtract line 8h from line 8c)	8i					26548
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fe						
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut					N/	, and and
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		<b>3</b> ,	10a		Х	
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
c	Was the plan covered by a fidelity bond?				х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10c	~	х	100000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		~	
е	insurance service, or other organization that provides some or all	•					
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

For	m 5500-SF	Short Form Annu	al Return/Report o Benefit Plan	of Small Employ	ee	0	MB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service		mont	2014			
Dej Employee Be	partment of Labor mefits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 6057( Revenue Code (the Code).	(b) and 6058(a) of the Inte	irnal	This Fo	rm is Open to c Inspection
	nefit Guaranty Corporation		accordance with the instruc	ctions to the Form 5500	SF.		
Part I For calenda	ar plan year 2014 or fisc	dentification Information al plan year beginning	01/01/2014	and ending	12/	31/2014	
	urn/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employe a foreign plan the final return/report	n (not multiemployer) (File r information in accordand (report (less than 12 mont	ce with th	ing this box e form instr	must attach a list uctions)
			automatic extension			VC prograr	n
C Check b	ox if filing under:	K Form 5558			ЮЫ	i o program	
		special extension (enter desc	ription)				
Part II	Basic Plan Infor	mation—enter all requested in	formation	- 14	h =		
<b>1a</b> Name		PROFIT SHARING PLA	3		(PN)	number	001
				1		ive date of 1/2008	plan
2a Plan sp NEWEDGI		ress; include room or suite numb	er (employer, if for a single-e	mployer plan) 2	b Emplo		cation Number
	·			2	•		one number
1350 81	PAULDING AVENU	E				) 737-	see instructions)
a factor a factor			IN ZA	99352	5415	•	
3a Plan a		d address XSame as Plan Spon				nistrator's E	EIN
4 If the r	name and/or FIN of the	plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	b EIN		
name	, EIN, and the plan num	ber from the last return/report.			IC PN		
	isor's name	at the beginning of the plan year			5a		20
		at the end of the plan year			5b		18
C Numb	per of participants with a	account balances as of the end of	the plan year (defined benef	fit plans do not	5c		
compl	ete this item)					13	
• •		ticipants at the beginning of the p			5d(1)		11
		ticipants at the end of the plan ye			5d(2)		13
e Numbe	er of participants that te	rminated employment during the	plan year with accrued bene	fits that were	5e		0
Caution: A Under pen SB or Sche	A penalty for the late of	or incomplete filing of this return ner penalties set forth in the instru- nd signed by an enrolled actuary,	n/report will be assessed u	unless reasonable cause	n, incluait	ig, il applic	able, a Schedule knowledge and
SIGN	Panela l		Date 6-19-19	PAMELA HENDERS			
HERE	Signature of plan a		as plan adr	ninistrator			
SIGN	Kenelle W	Hender		PAMELA HENDERS			
HERE	Signature of emplo	yer/plan sponsor ame, if applicable) and address (	Date 6-19-17	Enter name of individua	l signing Preparer's	as employe telephone	r or plan sponsor number (optional)
Preparer's	, name (including firm h	ame, il applicable) and address (		-			
							Form EE00 8E /2014
For Paperw	vork Reduction Act Notic	e and OMB Control Numbers, see t	he instructions for Form 5500-	SF.			Form 5500-SF (2014) v. 140124

b A u li	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 <b>f you answered "No" to either line 6a or line 6b, the plan canno</b> the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditic ot use Forr	lent qualified public accounta ons.) n 5500-SF and must instead	nt (IQ 1 use	PA) Form	5500.		X Y	es 🗌 No es 🗍 No termined
Part									
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
	otal plan assets	7a		),65	8				267,200
	otal plan liabilities	70 7b		,	<u> </u>				
	let plan assets (subtract line 7b from line 7a)	70	2.4(	),65	8				267,200
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	/	1		(b)	Fotal	/
-	Contributions received or receivable from:		Juj Anoun				(6)		_
	1) Employers	8a(1)							
(2	2) Participants	8a(2)	21	,09	2			_	
(3	3) Others (including rollovers)	8a(3)							
bc	Other income (loss)	8b	1(	),80	2				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							31,894
d B	Benefits paid (including direct rollovers and insurance premiums				1				
	o provide benefits)	8d		5,22	1	_		_	
<b>e</b> C	Certain deemed and/or corrective distributions (see instructions)	8e			_				
<u>f</u> A	Administrative service providers (salaries, fees, commissions)	8f		12	5			_	
<b>g</b> C	Other expenses	8g			_				
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			_	5,341
<u>i</u> N	let income (loss) (subtract line 8h from line 8c)	8i							26,548
Ĵ T	ransfers to (from) the plan (see instructions)	8j							
Part	V Compliance Questions			_	_	-			
	During the plan year:				Yes	No		Amour	nt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fidu	tions within Iciary Corre	the time period described in ction Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				100,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	id.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		Х			
	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					
Part \	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)							ΠY	es 🕅 No
11a	Enter the unpaid minimum required contribution for current year fr	rom Schedu	le SB (Form 5500) line 39		96-10	11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	e or se	ection	302 of	ERISA?	ΠY.	es 🛛 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortize	d in this plan year, see instru		, and e	enter th Day	ne date of	the lette Year	r ruling

	Form 5500-SF 2014	Page <b>3</b> -					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	Form 5500), and	skip	to line 13.			
b	Enter the minimum required contribution for this plan year				12	b	
c	Enter the amount contributed by the employer to the plan for this plan ye	ear			120	:	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount).			n to the left of a	120	t I	
е	Will the minimum funding amount reported on line 12d be met by the fun	ding deadline?				Yes	No N
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		anan			Yes 🔀	No
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?				e contro	pl	Yes 🛛
с	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another p	olan(s	s), identify the plan(s	s) to		
1	3c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN
Part	VIII Trust Information (optional)						
14a I	Name of trust				14b	Trust's EIN	N