Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		etirement	2015
Department of Labor Employee Benefits Security Administratio	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	500-SF.	
Part IAnnual ReportFor calendar plan year 2015 or	rt Identification Information fiscal plan year beginning 01/01/		and ending 12	2/31/2015	
A This return/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers checking	0
B This return/report is	the first return/report	the final return/repo	ort eturn/report (less than 12 m	onths)	
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	on	X DFV	′C program
Part II Basic Plan In	formation—enter all requested in	1 ,			
1a Name of plan NEWEDGE, INC. 401(K) PROF				1b Three-di plan nun (PN) ▶ 1c Effective	nber 001
					01/01/2008
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		nstructions)	(EIN)	r Identification Number 74-3067755
NEWEDGE, INC.	,,, and <u>_</u> ,			2c Sponsor	's telephone number 509-737-9900
350 SPAULDING AVENUE RICHLAND, WA 99352				2d Business	s code (see instructions) 541513
3a Plan administrator's name	and address XSame as Plan Spor	sor		3b Administ	rator's EIN
				3c Administ	rator's telephone number
	he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.			4c PN	
_	ts at the beginning of the plan year.			5a	18
• · · · ·	ts at the end of the plan year			5b	18
	h account balances as of the end of			5c	12
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	15
	participants at the end of the plan ye			5d(2)	14
than 100% vested	at terminated employment during th			5e	0
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	ave examined this return/rep	port, including,	if applicable, a Schedule
SIGN Filed with authorize	d/valid electronic signature.	06/20/2017	PAMELA HENDERSC	N	
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as e	employer or plan sponsor
	name, if applicable) and address (i				ephone number
For Paperwork Reduction Act No	tice and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)

Form 5500-SF 2015		Page Z								
 6a Were all of the plan's assets during the plan year invested in eligit b 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 canr 	an indepei and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)			No No		
C If the plan is a defined benefit plan, is it covered under the PBGC in					_		No Not determined	d		
Part III Financial Information		5 (,		1 1				
7 Plan Assets and Liabilities		(a) Beginning	n of Vo	or.			(b) End of Year			
a Total plan assets	. 7a		267				471623			
b Total plan liabilities	. 7a . 7b		201	200			411020			
C Net plan assets (subtract line 7b from line 7a)	. 76 . 7c		267	206	_		471623			
	. 70	(a) Ama		200	_					
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		_		(b) Total			
(1) Employers	. 8a(1)									
(2) Participants	. 8a(2)		23	344						
(3) Others (including rollovers)	. 8a(3)		216944							
b Other income (loss)	. 8b		-13	950						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						226338			
d Benefits paid (including direct rollovers and insurance premiums										
to provide benefits)	. 8d		21	896	_					
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f			25	_					
g Other expenses	. 8g				_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)					_	21921				
i Net income (loss) (subtract line 8h from line 8c)	. 8i				_		204417			
J Transfers to (from) the plan (see instructions)	. 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Chai	racteris	stic Co	odes in t	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfare t	feature coc	les from the List of Pla	n Chara	cterist	ic Coo	des in th	ne instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period								
described in 29 CFR 2510.3-102? (See instructions and DOL's V	•		40-		х					
Program) Program) Were there any nonexempt transactions with any party-in-interes			10a		~					
reported on line 10a.)			10b		х					
C Was the plan covered by a fidelity bond?			10c	X			1000	000		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
• Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides some					X					
f Has the plan failed to provide any benefit when due under the pla					Х					
g Did the plan have any participant loans? (If "Yes," enter amount a			10f 10q		X					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		х					
 If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	he require	d notice or one of the	10i							

Part	VI	Pension Funding Compliance			 	
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched)) and line 11a below)	ule SB	(Form	Yes	X No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

10j

Did the plan trust incur unrelated business taxable income?

j

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Page **3 -** 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted 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		12b					
-		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 ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes		No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Employee					yee	OMB Nos. 1210-011 1210-008			
Department of the			Benefit Plan	5 of the Employee Re	tirement	2015			
Internal Revenue Department of Employee Benefils Securit	Labor	Income Security Act of 1974	ed under sections 104 and 406 (ERISA), and sections 6057(I Revenue Code (the Code).	b) and 6058(a) of the f	nicernai		orm is Open to ic Inspection		
Pension Benefit Guaran			accordance with the instruc	tions to the Form 55	00-SF.				
Part I Annu	al Report lo	dentification Information al plan year beginning	01/01/2015	and ending	12	/31/201	5		
or calendar plan ye		X a single-employer plan	a multiple-employer plan	n (not multiemployer)	(Filers che	cking this bo	ox must attach a		
This return/repor		a one-participant plan	list of participating empl	oyer information in ac	cordance y	vith the form	instructions)		
	. 1	the first return/report	the final return/report						
3 This return/report	IS [an amended return/report							
Ohask boy if filin	a undor:		automatic extension			DFVC prog	ram		
Check box if filin	g under.	☐ Form 5558 ☐ special extension (enter desc							
	Dian Infor	mation—enter all requested in							
	: Plan Infor	mation-enter all requested in	niomation		1b Thre				
a Name of plan EWEDGE, INC	. 401(k)	PROFIT SHARING PLAN	N			number	001		
	102(11)) ctive date o			
					1	/01/200			
Mailing addross	/include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.	O. Box)			oloyer Identi Ŋ 74−30	fication Number 67755		
City or town, st	ate or province	, country, and ZIP or foreign pos	stal code (if foreign, see instru	ctions)			hone number		
EWEDGE, INC	•				· · · · ·	09) 737			
						1513	(see instructions)		
350 SPAULDI	NG AVENU	2							
RICHLAND		d address XSame as Plan Spo		99 352		ninistrator's			
4 If the name an name, EIN, ar	d/or EIN of the id the plan nun	plan sponsor has changed sinc nber from the last return/report.	e the last return/report filed for	r this plan, enter the	4b EIN 4c PN				
a Sponsor's nam]		
		at the beginning of the plan yea					1		
b Total number	of participants	at the end of the plan year account balances as of the end	of the plan year (defined bene	fit plans do not	50				
c Number of par complete this	item)	account balances as of the end			4				
d(1) Total numb	er of active par	ticipants at the beginning of the	plan year		5d(1)				
d(2) Total numb	er of active pa	rticipants at the end of the plan	vear						
e Number of pa	articipants that	terminated employment during t	the plan year with accrued ben	efits that were less	5e	the Park and			
		the second state filling of this pot	urn/ronort will be accessed	uniess reasonable ca	iuse is es	iding if appl	icable, a Schedule		
Under penalties of SB or Schedule Mi belief, it is true, co	B completed a	her penalties set forth in the inst nd signed by an enrolled actuary plete.	y, as well as the electronic ver			he best of m	iy knowledge and		
SIGN	Devell	WA		PAMELA HENDE					
HERE Signa	ature of plan a	dministrator	Date 6-19-17	Enter name of indivi		ig as plan ai	dministrator		
SIGN	Vanelee	wfs-		PAMELA HENDE					
HERE Signa	ature of emplo	oyer/plan sponsor	Date 6-19-17	Enter name of indivi	dual signir	ng as employ	yer or plan sponsor		
Preparer's name (i	including firm r	name, if applicable) and address	(include room or suite numbe	r)	Prepare	er's telephor			
		ee and OMR Control Numbers, see	the locality of a Form FEOA	QE.			Form 5500-SF (20		

Form	5500	-SF	2015	
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_	ere all of the plan's assets during the plan year invested in eligible	a accate?	(See instructions)						X Yes	No No	
	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of a ler 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen	dent dualified public ac	countar		~)			_	 No	
und	ler 29 CFR 2520.104-46? (See instructions of waiver engibility a ou answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must i	instead	use F	orm 5	500.				
ny cuth	e plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA sec	tion 402	21)?		Yes 🗌	No 🗌	Not determ	ined	
Part I			(a) Beginning	of Year		1	1	(b) End o	of Year		
	n Assets and Liabilities	7.	(a) beginning		,206	+		()		1,623	
	al plan assets	7a		-							
	al plan liabilities	7b		267	,206				47	1,623	
	t plan assets (subtract line 7b from line 7a)	7c	(-) Am and		1200	(b) Total					
	ome, Expenses, and Transfers for this Plan Year		(a) Amou	11		-		(0) 1	otai		
a Co	ntributions received or receivable from: Employers	8a(1)									
		8a(2)		23	,344	4					
	Participants	8a(3)		216	,944	4					
	Others (including rollovers)	8b			,950						
	ner income (loss)	8c			/	-			22	6,338	
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00			_	-					
d Be	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		21	,896	5	-				
	rtain deemed and/or corrective distributions (see instructions)	. 8e									
	ministrative service providers (salaries, fees, commissions)	8f			25	5					
		8g									
	her expenses	8h							2	21,921	
	tal expenses (add lines 8d, 8e, 8f, and 8g)	1							20)4,417	
	t income (loss) (subtract line 8h from line 8c)					-					
j Tr	ansfers to (from) the plan (see instructions)	8j									
Part I	V Plan Characteristics					tio Co	den in t	bo instru	ations		
	the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D					_					
B If	the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	cterist	ic Coc	les in th	e instruct	tions:		
Part V	Compliance Questions	2									
10	During the plan year:				Yes	No	N/A		Amount		
21	Mas there a failure to transmit to the plan any participant contribution	utions with	in the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		Х					
b	Nere there any nonexempt transactions with any party-in-interes eported on line 10a.)	st? (Do not	include transactions	10b		Х					
	Peperted on line 10a.)			10c	Х				1	00,000	
	Did the plan have a loss, whether or not reimbursed by the plan'										
10	by fraud or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or o	ther perso	ns by an insurance			6		1			
	carrier, insurance service, or other organization that provides so the plan? (See instructions.)	the or an u	in the benefits under	10e		X					
f	the plan? (See instructions.)	lan?		10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х					
 	If this is an individual account plan, was there a blackout period	? (See inst	ructions and 29 CFR								
	2520 101-3)			10h		Х					
I	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	10i							
	Did the plan trust incur unrelated business taxable income?			10j							
Part	/I Pension Funding Compliance					0-1-	dula OF	/Form	1		
	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						1		. 🛛 Ye	s 🛛 No	
11a	Enter the unpaid minimum required contribution for all years from	m Schedul	e SB (Form 5500) line	40			. 11a			s 🛛 No	
12	Is this a defined contribution plan subject to the minimum fundir	ng requirer	ments of section 412 of	the Co	de or s	ection	302 of	ERISA?.	Ye		

	Fo	orm 5500-SF 2015 Page 3 -			r		
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				- I - M	
а	If a wa	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as apprecisely iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	tructions, and ei	nter tr Day		Year	iy.
Ify	grantir	ng the waiver. npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
		ne minimum required contribution for this plan year		12b			
<u> </u>	Enter th	e amount contributed by the employer to the plan for this plan year		12c			
d	Subtra	ict the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)	eft of a	12d			
	negati	ve amount) e 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		resolution to terminate the plan been adopted in any plan year?			Yes	s 🛛 No	
104	If "Yes	a," 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 broup PBGC?	ght under the co	ontrol		Yes X N	10
С	lf duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi	ify the plan(s) to				
		assets or liabilities were transferred. (See instructions.)	13c(2)	EIN(s		13c(3) P	N(s)
	13c(1)	Name of plan(s):					
Part		Trust Information		14b	Trust's El	N	
14a	Name	of trust					
14c	Name	e of trustee or custodian		140		s or custodia e number	in's
					terepriori		
Dar	t IX	IRS Compliance Questions					
-					Yes	No	
15a	I Is the	plan a 401(k) plan?			Design-		
15b	If "Yes	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals at	nd employer		based safe harbor	e ADP test	
	match	ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	**********	method			
150	If the	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "	current year 401(m)-	Yes No			
		g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. ((ii))?			Datio		
162		the box to indicate the method used by the plan to satisfy the coverage requirements under sec			Ratio percentage		erage lefit test
		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co			test Yes	No	
	this p	Ian with any other plans under the permissive aggregation rules?					
17	a Has t	he plan been timely amended for all required tax law changes?		-		No	N/A
17	b Date	e the last plan amendment/restatement for the required tax law changes was adopted	Enter the a	pplica	ble code _	(See ins	tructions
170	c if the	x law changes and codes). plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p and the letter's serial r	blan that is subje	ect to a	a favorable	IRS opinion	or
		ory letter, enter the date of that favorable letter and the letter's serial r plan is an individually-designed plan and received a favorable determination letter from the IRS,					
18	deter	mination letter	(2) has been		Yes	No	
	made	e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands of the 0.3. Virg			Yes	 No	
19	Were	in-service distributions made during the plan year?					
	lf "Ye	es," enter amount		1	9		
20	Were	required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of d), as required under section 401(a)(9)?	whether or not		Yes	No	N/A