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.

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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 NEWEDGE, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2008 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) (EIN) 74-3067755 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number NEWEDGE, INC. 509-737-9900 2d Business code (see instructions) 1350 SPAULDING AVENUE 541513 RICHLAND, WA 99352 **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 18 5a Total number of participants at the beginning of the plan year 5b 14 **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 11 5c complete this item)..... 14 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 10 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 true, correct, and complete.

<u>beliet, it is t</u>	rue, correct, and complete.					
0.0.1	Filed with authorized/valid electronic signature.	06/20/2017	PAMELA HENDERSO	N		
HERE	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 numbe	r)	Preparer's telephone number		

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b	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Ye	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann									3 🔲 140
	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not de	termined
Par	t III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		471623				•	53871	0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		471623					53871	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) ⁻	Γotal	
	Contributions received or receivable from:									
	(1) Employers	8a(1)		26226						
	(2) Participants	8a(2)		20220						
	(3) Others (including rollovers)	8a(3)		52197						
	Other income (loss)	8b		02101	-				7842	13
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							7042	.5
	to provide benefits)	8d		11311						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		25						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1133	86
i	Net income (loss) (subtract line 8h from line 8c)	8i							6708	37
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
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 otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	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						

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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 c n 5500) and line 11a below)					[] `	∕es X No
		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 A?					│	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</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 l tive amount)			12d			
		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 N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	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	of trustee or custodian					s or custod ne number	ian'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:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP
			ΙП '	"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	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?			Ye	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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information			10/01/0/	16
For calendar	plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/20	
.	to a state from	X a single-employer plan	a multiple-employer plan	(not multiemployer) (Fl oyer information in acc	ordance with the fo	rm instructions.)
A This retui	rn/report is for:	a one-participant plan	a foreign plan			
B This return	n/renort is	the first return/report	the final return/report			
D This return	TIMO POLICIO	an amended return/report	a short plan year return/r	eport (less than 12 mo	onths)	
C Check bo	ox if filing under:	☐ Form 5558	automatic extension		DFVC program	
	J	special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name o	f plan				1b Three-digit plan number	
NEWEDGE,	INC. 401(k)	PROFIT SHARING PLAN			(PN) •	001
					1c Effective date 01/01/2	
2a Plan sp	onsor's name (empl	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ide	ntification Number
City or t	own, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see instru	ctions)	2c Sponsor's te (509) 7	lephone number
NEWEDGE,	INC				2d Business coo	de (see instructions)
1350 CDZ	ULDING AVEN	1E			541513	
RICHLAND			AW	99352		
		and address K Same as Plan Spo	onsor.		3b Administrato	r's EIN
4 If the n	ama and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	4b EIN	
name,	EIN, and the plan n	number from the last return/report.			4c PN	
a Sponso		ts at the beginning of the plan year			5a	18
		ts at the end of the plan year			5b	14
c Numbe	er of participants wit	h account balances as of the end of	of the plan year (only defined o	contribution plans	5c	11
		participants at the beginning of the			5d(1)	14
d(1) Tota	al number of active p	participants at the beginning of the plan y	ear		5d(2)	10
A Numb	er of participants th	at terminated employment during the	he plan year with accrued ben	efits that were less	5e	0
					use is established	l.
Under pena SB or Sche		other penalties set forth in the instr and signed by an enrolled actuary				
SIGN	Variaba	1) Han		PAMELA HENDER	RSON	
HERE	Signature of plan	administrator	Date 6-19-17	Enter name of individ	dual signing as plan	administrator
SIGN	Promote	2/11/16		PAMELA HENDER	RSON	
HERE	Signature of emi	ployer/plan sponsor	Date 6-19-17		dual signing as em	oloyer or plan sponsor
Preparer's	name (including firm	n name, if applicable) and address	(include room or suite numbe	r)	Preparer's telep	none number

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	Nere all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)						X Yes No
b /	Nere all of the plan's assets during the plan year invested in edge. 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 fyou answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public ac ns.)	counta	nt (IQF	'A)			X Yes No
C II	the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sec	ction 40	21)?		Yes [No [Not determined
Part									
	Plan Assets and Liabilities		(a) Beginning of	f Year			(b) End o	f Year
_	Total plan assets	7a	4	71,6	23				538,710
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	4	171,6	23				538,710
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal
a (Contributions received or receivable from: 1) Employers	8a(1)							
	2) Participants	8a(2)		26,2	26				
(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		52,1	.97				50.400
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	_	-	_	78,423
1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11,3	311				
	Certain deemed and/or corrective distributions (see instructions)	8e			2.5		-		
f	Administrative service providers (salaries, fees, commissions)	8f			25				
	Other expenses	8g			-		-		11,336
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				67,087
	Net income (loss) (subtract line 8h from line 8c)				-				07,007
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	f1	des from the List of Di	an Cha	racteri	etic Co	ides in	the instr	ructions:
	If 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 code	es from the List of Pla	n Chara	acterisi	ic Coo	des in th	ne instru	ictions:
Par	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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	10a		Х			
h	Program)	t? (Do not i	include transactions						
~	reported on line 10a.)			10b		X	-		
С				10c	Х				100,00
	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	trie berients under	10e		Х			
	Has the plan failed to provide any benefit when due under the p	an?		10f	_	Х			
f			and)	10g		Х			
f	Did the plan have any participant loans? (If "Yes," enter amount			, og	-	1			
f g h	serve to the state of the state	? (See instr	uctions and 29 CFR	10h		Х			

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art VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)			SB	Yes X
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	40	11a	<u></u>	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	the Code or se	ection 302 (of 	Yes X
(If "Ves." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				City to the envillement
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, so granting the waiver.	WOTILTI	s, and enter Da	the date	Year Year
if 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			-	
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 negative amount)	o the left of a	12d		
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?			Ye	s 🛛 No
If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	r brought unde	er the		Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify the p	lan(s) to		
13c(1) Name of plan(s):	1	3c(2) EIN(s	s)	13c(3) PN(s)
Part VIII Trust Information 14a Name of trust		14b	Trust's	EIN
140 Name of trust				
14c Name of trustee or custodian		140	-	s's or custodian's one number
Part IX IRS Compliance Questions				
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		Design-bas safe harbo		"Prior year" AD
401(k)(3) for the plan year? Check all that apply:	П	"Current ye ADP test	ear"	□ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:	plan	Ratio percentag test		Average Denefit test
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401 for the plan year by combining this plan with any other plan under the permissive aggregation rule	es /	Yes		No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter.	ole IRS opinior			
17b If the plan is an individually-designed plan that received a favorable determination letter from the letter	IRS, enter the	e date of the	e most re	cent determination
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 no service?	not separated	from	Yes	No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan ye			Yes	No