## 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

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 TALENT TECHNOLOGY USA CORPORATION 401K PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2006 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) 98-0406753 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number TALENT TECHNOLOGY USA CORPORATION 604-244-1115 2d Business code (see instructions) 1685 H STREET 541511 #1085 BLAINE, WA 98230 **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 31 5a Total number of participants at the beginning of the plan year ...... 5b 27 **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 14 5c complete this item)..... 21 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 20 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 t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.	08/31/2017	TERRY HIBBERT			
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 individu	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	room or suite number	r )	Preparer's telephone number		

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	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	es No
	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 cann	and condit	ions.)						X Ye	es 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not de	etermined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		381402					3068	01
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		381402					3068	01
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) 1	Γotal	
	Contributions received or receivable from:									
	(1) Employers	8a(1)		106791						
	(2) Participants	8a(2)		5250	_					
	(3) Others (including rollovers)	8a(3)		19847						
	Other income (loss)	8b		13047	-				1318	00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13100	50
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		202272						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4217						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					206489			89
i	Net income (loss) (subtract line 8h from line 8c)	8i							-7460	01
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature co	des 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 for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	X					6833
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					1000000
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					1802
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	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)					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [	"Prior ye test	ar" ADP
			Gur 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 perd test	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 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		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 Penor	t Identification Information	docordance with the ma	structions to the Form	3300-3F.	
	idar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016
		X a single-employer plan		plan (not multiemployer)		
A This r	eturn/report is for:		list of participating e	employer information in a	accordance with the	e form instructions.)
		a one-participant plan	a foreign plan			
D			Π			
<b>B</b> This re	eturn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year reti	urn/report (less than 12 i	months)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	70-17-10-17-1			
1a Name					1b Three-digit	1
Talent	Technology US	A Corporation 401K PI	LAN		plan numb	
					(PN) •	
					1c Effective d	
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			01/01/20	
Mailir	ng address (include roc	m, apt., suite no. and street, or P.C	). Box)			dentification Number 0406753
Talent	Tachnology II	ce, country, and ZIP or foreign post. SA Corporation	al code (if foreign, see ins	structions)		telephone number
rarenc	. recimology o	SA Corporation			604-244-	
1685 н	Street				2d Business c	ode (see instructions)
#1085					541511	
Blaine		WA 98230				
3a Plan a	administrator's name a	nd address X Same as Plan Spor	isor.		3b Administrat	or's FIN
					Properties United States Williams States States	
					3c Administrat	or's telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN	
name	e, EIN, and the plan nu	mber from the last return/report.	and last retains open silve	for the plan, enter the	40 EIN	
	sor's name				4c PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year		*************************************	5a	31
<b>b</b> Total	number of participants	at the end of the plan year			. 5b	27
C Numb	per of participants with	account balances as of the end of t	he plan year (only defined	d contribution plans	5c	128
					5d(1)	14
		rticipants at the beginning of the pla				21
e Numi	her of participants that	rticipants at the end of the plan yea terminated employment during the	r		5d(2)	20
than	100% vested	***************************************			5e	0
Caution: A	A penalty for the late of	or incomplete filing of this return	report will be assessed	unless reasonable ca	use is established	1.
SB or Sche	aities of perjury and oth edule MB completed ar	ner penalties set forth in the instruct nd signed by an enrolled actuary, as	tions, I declare that I have s well as the electronic ve	e examined this return/re	port, including, if a	pplicable, a Schedule
belief, it is	true, correct, and comp	plete.		Total of the return froper	t, and to the best o	Thry knowledge and
SIGN	Thibk	pert	8/31/17	TERRY HIBBERT		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan	administrator
SIGN	Allah	· v-l	8/31/17	TERRY HIBBERT		
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (inc		er)	Preparer's teleph	
				of a		-0.00 TO NOTE WAS 17

-	Form 5500-SF 2016		Page 2							
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can't the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use Form	dent qualified public ons.) m 5500-SF and mu	accoun	ntant (le	QPA) e Forr	n 5500.		X Ye	
Pa	rt III   Financial Information	200								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r	::- T	- Or	o) End of	Year	
а	Total plan assets	. 7a	(-)33	381,				, = 0.		06,80
b	Total plan liabilities	. 7b		***						
С	Net plan assets (subtract line 7b from line 7a)	7c	## EF	381,	402	8///80-	99-3000		3	06,80
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Tota	ıl.	8
а	Contributions received or receivable from: (1) Employers	8a(1)	***							
7	(2) Participants	8a(2)		106,	791					
27	(3) Others (including rollovers)	8a(3)		5,	250					
b	Other income (loss)	8b		19,	847					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	31,88
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		202,	272					/A2000
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4,217						
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	06,48
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								74,60
	Transfers to (from) the plan (see instructions)	8j		250						
	t IV Plan Characteristics	THE PARTY OF THE P								
9a ——	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature code	es from the List of P	lan Cha	racteri	stic Co	odes in th	ne instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	tic Cod	des in the	e instructio	ons:	
Par	t V Compliance Questions							***************************************		
10	During the plan year:			· ·	Yes	No	N/A	A	mount	
	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 Fidi	uciary Correction	10a	Х					6,83
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		Х				*
С	Was the plan covered by a fidelity bond?			10c	X				1,0	00,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d		Х				
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.)	e or all of the	benefits under	10e	Х					1,80
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			"	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-end	l.)	10a		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	10g		Х				
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 n	otice or one of the	10ii						

	Form 5500 SE 2016					
	Form 5500-SF 2016 Page <b>3</b> -					
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 Sch	nedule S	В		Yes N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or sectio	n 302 of	·		Yes X N
	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	d enter t		f the lette Year	er ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				- 400
b	Enter the minimum required contribution for this plan year		12b			
C E	nter 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			*
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part \	II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	lo
	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 under the			Yes [	No
	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.)			2.		
13	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)
Part \						
<b>14a</b> N	ame of trust		<b>14b</b> ⊤	rust's EIN		
<b>14c</b> N	ame of trustee or custodian			rustee's o elephone		ian's
Part	X IRS Compliance Questions					
<b>15a</b> Is	the plan a 401(k) plan? If "No," skip b	Yes			No	
<b>15b</b> H	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	safe h	nt year"	П	"Prior ye test N/A	ear" ADP
<b>16a</b> y	/hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:	Ratio perce		Avera	age fit test	□ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

No

No

Yes

Yes

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

Plan Name: Talent Technology USA Corporation 401(k) Plan

Line 10a—Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$6,833		\$6,833		

<sup>\*\*\*</sup>Client calculated lost earnings, prepared 5330, and paid excise on 2015 late deposits in April of 2016.

Plan Name: Talent Technology USA Corporation 401(k) Plan

Line 10a—Schedule of Delinquent Participant Contributions

Participant	Contributions Not	Contributions	Contributions	Total Fully
Contributions	Corrected	Corrected Outside	Pending	Corrected Under
Transferred Late to		VFCP	Correction in	VFCP and PTE
Plan			VFCP	2002-51
\$6,833		\$6,833		

<sup>\*\*\*</sup>Client calculated lost earnings, prepared 5330, and paid excise on 2015 late deposits in April of 2016.