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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF 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 CTS LANGUAGELINK EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN plan number 002 (PN) • 1c Effective date of plan 04/01/2001 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) 91-1506430 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CORPORATE TRANSLATION SERVICES, INC. 360-693-7100 2d Business code (see instructions) 701 NE 136TH AVENUE, SUITE 200 541930 VANCOUVER, WA 98684 **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 114 5a Total number of participants at the beginning of the plan year 5b 123 **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 49 5c complete this item)..... 108 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 120 d(2) Total number of active participants at the end of the plan year.....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were less

than 100% vested

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	rue, correct, and complete.						
SIGIA	Filed with authorized/valid electronic signature.	08/31/2017	ROBERTA BARGER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrato				
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 i	room or suite numbe	r)	Preparer's telephone number			

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	Were all of the plan's assets during the plan year invested in eligib		,						X Yes	S No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	s 🗌 No		
_	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		7			
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	NO	Not det	ermined		
Pa	rt III Financial Information		i .									
	Plan Assets and Liabilities	_	(a) Beginning	of Year 780431				(b) End o	f Year 815497	7		
_ <u>a</u>	Total plan assets	7a		700431	-)		
	Total plan liabilities	7b		780431					815497			
	Net plan assets (subtract line 7b from line 7a)	7c										
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt				(b) To	tai			
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		72872								
	(3) Others (including rollovers)	8a(3)		0)							
b	Other income (loss)	8b		51533								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12440	5		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86939								
е	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		2400								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8933	9		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						35066				
j	Transfers to (from) the plan (see instructions)	8j		C								
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ictions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount			
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary Correction	100		X						
b	,	t? (Do not	include transactions	10a 10b		X						
	,			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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
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 the 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)						Yes X No
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 Code or section 302 of ERISA?								Yes 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		1		
<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			1			
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	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian'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 [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	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	be 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 rec	ent determ	ination
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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

[arearrant]		cordance with the instructions to the Form 55	500-\$F,				
	Identification information						
For calender plan year 2016 or fi	scal plan year beginning	01/01/2016 and ending	12/31/201	16			
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer a list of perticipating employer information in a foreign plan					
B This return/report is:	the first return/report						
	an amended relum/report	a short plan year return/report (less than 12	months)				
C Check box if filing under:	x Form 5558	aulomatic extension	DFVC p	rogram			
	special extension (enter descr	<u> </u>		<u> </u>			
	ormation enjer all requested i	information					
1a Name of plan CTS LanguageLink E	mployees 401(k) Retirem	ent Savings Plan	1b Three-digit plan numb (PN) ►				
			10 Effective d 04/01/2	ate of plan			
Mailing Address (include ro	oyer, If for a single-employer plan) om, apt., sulte no. and street, or P.t ce, country, and ZIP or foreign post	O. Box) lal code (if foreign, see instructions)	2b Employer	dentification Number -1506430			
Corporate Translat				telephone number 93–7100			
701 NE 136th Avenu	e, Suite 200		2d Business of 541930	code (see Instructions)			
US Vancouver WA 98684							
3a Plan administrator's name a	and address 🗵 Same as Plan Spo	DNSOr	3b Administra	lor's EIN			
			3c Administra	tor's telephone number			
	ne plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants	at the beginning of the plan year	***************************************	. 5a	114			
b Total number of participants	at the end of the plan year		. 5b	123			
C Number of participants with complete this item)	account balances as of the end of	the plan year (only defined contribution plans	, 5c	49			
d(1) Total number of active pa	rticlpants at the beginning of the pla	an year	. 5d(1)	108			
			. 5d(2)	120			
□ 1	-	plan year with accrued benefits that were	, 5e	0			
Caution: A penalty for the late	or Incomplete filing of this return	n/report will be assessed unless reasonable o	cause is establishe	:d.			
SB or Schedule MB completed a belief, it is true, correct, and con-	and signed by an enrolled actuary, and end	ctions, I declare that I have examined this return/ as well as the electronic version of this return/rep	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and			
SIGN	Har Bales	8-31-17 Roberta	Barge	· V			
HERE Signature of plan adm	niniatrator	Date Enter name of Individ	ual signing as plan	administrator			
SIGN 1	Town of the sales	8-31-17 Roberta	Barger	_			
HERE Signature of employs		Date Enter name of individ	ual signing as empl	oyer or plan sponsor			
Preparer's name (including firm Skip this question	name, if applicable) and aburess (in	nclude room or sulte number)	Preparer's teleph Skip this qu				
:	•						

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)						ΧY	es 🗀 No
b	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	n Indepen nd conditi	dent qualified public accor						XY	=s □No
	If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in) D \(\(\) \(\)	ot determined
-	N. Norway I	surance p	rogram (see ENISA section	JII 40.	21):	*******		<u>. U</u>	40 14c	of determined
R	rt III Financial Information	Elemente viere				_				
	Plan Assets and Liabilities		(a) Beginning o					(b) En	d of Year	
<u>a</u>	Total plan assets	7a	78	30,4		+			81	5,497
<u>b</u>	Total plan liabilities				0	+				0
8	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	30,4	<u> </u>			(b)	Total	.5,497
a	Contributions received or receivable from:	10. A 4. After	(a) Amoun			185,50	opern.		moun	
	(1) Employers	8a(1)			0	3.7		- (5.74)		nnii vara
	(2) Participants	6a(2)	7	72,8	72	0.00 f./2 0.00 f./2				
_	(3) Others (including raflovers)	8a(3)			0	\$2.7% V				
<u>b</u>	Other Income (loss)	6b		51,5						
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢			474058	4			12	4,405
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36,9	39					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	7.50				
f	Administrative service providers (salaries, fees, commissions)	8f		2,4	QO.					
g	Other expenses	θg			0					
h	Total expenses (edd lines 8d, 8e, 8f, and 8g)	8h		<u></u>	alia. Markan	89,339				
T	Net income (loss) (subtract line 8h from line 8c)	8i				35,066				35,066
I	Transfers to (from) the plan (see instructions)	8)	0							
P	rt V Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harad	terist	lo Coc	des în ti	he instru	uctions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	alure code	s from the List of Plan Ch	aract	eristic	Code	s In the	e instruc	tlons:	
Pe	irt V. Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
8	' ', '		-				<u> </u>			
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo	_	r			١.,				
_	Program)			10a		X	9.7000			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		ж				
				10c	х					100,000
d		fidelity box	nd, that was caused	10d		x				
ė	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	17		10f		х	21			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x	ZT C. A.			
h	·	(See instru	iclions and 29 CFR	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 2520.101	ne required	i notice or one of the	101						

	Form 5500-SF 2016	Page 3 -						
Par	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500 and line 11a below)	e instructions	and com	plete S	chedule	SB	Yes	X No
118	Enter the unpaid minimum required contributions for all years from Schedule SB (Fo				11a		<u>"</u>	
12	Is this a defined contribution plan subject to the minimum funding requirements of se ERISA?	ection 412 of L	he Code	or seci	lon 302	of	. 🗆 Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this	s olan vear, se	e instruc	lions, a	nd ente	r the da	(ite of the lette	er rulina
	granting the waiver	<u>.</u>	Month		Da		Year	_
p	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), Enter the minimum required contribution for this plan year				12b			
	· · · · · · · · · · · · · · · · · · ·	•			12c			
d	Enter the amount contributed by the employer to the plan for the plan year							
	negative amount)				12d			
8	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?				Yes [□ No □	N/A
Par	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 and control of the PBGC?						Yes X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), I	dentify th	e plan(s) to			
1	3c(1) Name of plan(s):		1:	3c(2) E	N(s)		13c(3)	PN(s)
	VIII Trust Information - Skip These Questions							
148	Name of trust				14b	Trust's i	ΞIN	
140	Name of trustee or custodian			-			or custodian ne number	's
Parl	IRS Compliance Questions - Skip These Questions							
	Is the plan a 401(k) plan? If "No," skip b.	***************************************		Y	85		☐ No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals u 401(k)(3) for the plan year? Check all that apply:			sa "C	esign-ba de harb current y	or	"Prio	or year" ADP
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:			R	OP (est atio ercentaç st	je 🗌	Average benefit les	
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive agg			□ Ye	es		□ No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter/			nlon iet	lei ur ai	Jvlaury I	כננכו, כוונכו נ	ie daie of
	If the plan is an individually-designed plan that received a favorable determination let letter/	ller from the IF	RS, enter	the dat	e of the	most re	ecent determ	Ination
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age of service?] Yes	<u> </u>	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the] Yes	□ No	



AUTHORIZATIONS FOR ELECTRONIC FILING

Name of Plan: Corporate Translation Sprvices
EIN/PN: 91-1506430
Plan Year Ending: 12-31-16

Authorization of Practitioner to Electronically Sign and File Form 5500/5500-SF

I hereby authorize Newport Group to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 or Form 5500-S/F, as applicable, and provide a scanned copy of that signature page to Newport Group before the electronic filing can be initiated:
- Newport Group will retain a copy of this written authorization in its records;
- Newport Group will notify the individual signing below as plan administrator/employer about any
 inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual
 return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500 or Form 5500-S/F, as applicable, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Newport Croup shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:

Authorization of Practitioner to Electronically File Form 8955-SSA

I hereby authorize Newport Group to electronically file the above-named return/report through the IRS electronic filing program called "Filing Information Returns Electronically" "FiRE.

I understand that in granting this authority that:

- Newport Group will retain a copy of this written authorization in its records;
- Newport Group will notify the individual signing below as Plan Administrator about any inquiries and information it receives from IRS regarding this annual return/report; and
- Newport Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.
- I, as Plan Administrator, agree that I must retain a copy of Form 8955-SSA which I have signed and dated.

oberta K. Karel Date: 8-31-17

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: