Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

A This return/report is for: 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 foreign plan B This return/report is the first return/report the final return/report (less than 12 months) B This return/report is the first return/report a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program		t identification information			-1-11-1-					
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a short plan year return/report an amended return/report a short plan year return/report (less than 12 months)	For calendar plan year 2016 or	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016								
B This return/report is		🛚 a single-employer plan								
B This return/report is	A This return/report is for:	a one-participant plan		ccordance with the	ne form instructions.)					
C Check box if filing under: Form 5588 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan CASE FORENSICS CORPORATION 401(K) PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) ASE FORENSICS CORPORATION 2b Employer, if lor a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) ASE FORENSICS CORPORATION 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 425-775-65500 2d Business code (see instructions) Administrator's telephone number for the last return/report, filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number										
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d(2) Total number of active participants at the end of the plan year			. , , ,	•	5c	82				
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Provided the second straight of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested than 100% ve					5d(2)	78				
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. SIGN HERE Filed with authorized/valid electronic signature. Individual signing as plan administrator Date Enter name of individual signing as employer or plan sponsor						Δ				
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. SIGN Filed with authorized/valid electronic signature. 10/11/2017 THEA DOLMAN	than 100% vested									
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Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor	SIGN Filed with authorized		10/11/2017	THEA DOLMAN						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Signature of plan	administrator	Date	Enter name of individ	lual signing as pl	an administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor										
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as e	mployer or plan sponsor				
	Preparer's name (including firm	name, if applicable) and address (include room or suite numb	er)	Preparer's tele	phone number				

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							X Ye		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	Not de	termined
	rt III Financial Information	•	<u> </u>			<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	l of Year	
а	Total plan assets	7a		215946				•	542108	31
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	5	215946	5				542108	31
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
а	Contributions received or receivable from:			190260						
	(1) Employers	8a(1)		386526						
	(2) Others (including rellevens)	8a(2)		300320						
<u>_</u>	(3) Others (including rollovers) Other income (loss)	8a(3)		322750)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c							89953	<u> </u>
	Benefits paid (including direct rollovers and insurance premiums	80								
	to provide benefits)	8d		671353	3					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		23048	3					
g	Other expenses	8g								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)								69440	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							20513	35
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		C)					
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D 2G 2J 2K 2R 2F 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he instr	uctions:	
Par	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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction			X				
b	Program)			10a		X				
	reported on line 10a.)			10b		^				
	C Was the plan covered by a fidelity bond?			10c	X					500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 con 5500) and line 11a below)						Yes X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		T			
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
С	Enter	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ive amount)			12d				
		ne 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?				Yes	s X N	lo	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol 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), identi n assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
			ign-based "Prior year" Al test			ear" ADP			
				"Curre	ent year test	"	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:			entage	ge Average N/A benefit test N/A					
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?									
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 the letter/ and the serial number									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s [No		