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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repoi	rt identification informatior	1						
For calend	dar plan year 2015 or	fiscal plan year beginning 01/01/	2015	and ending 1	11/30/2015				
Δ This re	aturn/report is for:	x a single-employer plan		his box must attach a					
A This return/report is for:		a one-participant plan	list of participating employer information in accordance with the form instructions a foreign plan						
B This ref	turn/report is	the first return/report	x the final return/report						
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension	n	X DFVC program				
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	formation						
1a Name of plan					1b Three-digit				
OPENROUTE, INC 401K PLAN				plan numb (PN) ▶	er 001				
					1c Effective d				
					I Elicotive di	01/01/2014			
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)						2b Employer Identification Number (EIN) 45-3419864			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OPENROUTE, INC				2c Sponsor's telephone number 206-812-5709					
						ode (see instructions)			
	AVENUE STE 3700								
SEATTLE, \	WA 98104					423800			
20 Diam		and address VCarra as Dian Carra			3b Administrati				
3a Plan administrator's name and address XSame as Plan Sponsor.						Administrator's Env			
					3c Administra	tor's telephone number			
A If the	nome and/or FINI of t	ika nlan anangar kan akangad sinas	the leat return/report files	d for this plan antar the	4 h 51N				
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.				4b EIN					
a Spons	sor's name				4c PN				
5a Total number of participants at the beginning of the plan year						5			
b Total	b Total number of participants at the end of the plan year					0			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			. 5c	0					
d(1) Total number of active participants at the beginning of the plan year					. 5d(1)	5			
d(2) Total number of active participants at the end of the plan year				5d(2)	0				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0				
		e or incomplete filing of this retur			use is establishe	d.			
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, molete							
SIGN		ed/valid electronic signature.	11/14/2017	AMY BRECHT					
HERE	Signature of plan	administrator	Date	Enter name of individ	n administrator				
SIGN	Filed with authorize	ed/valid electronic signature.	11/14/2017	AMY BRECHT					
HERE		loyer/plan sponsor	Date		dual signing as em	ployer or plan sponsor			
Preparer's	s name (including firm	n name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's telep	hone number			

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a series of the plan cannot be a series of	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(b) End of Year			
a Total plan assets	. 7a		114	242					0
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c		114242			0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
Contributions received or receivable from: (1) Employers	. 8a(1)								
(2) Participants	. 8a(2)		6633						
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		4	938					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							11	1571
d Benefits paid (including direct rollovers and insurance premiums	. 8d		125	713					
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8e		125713						
f Administrative service providers (salaries, fees, commissions)	8f			100					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							12!	5813
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-114	4242
j Transfers to (from) the plan (see instructions)	- 8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	he instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for		(01		. 0				
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the list of Pia	n Chara	acterist	ic Coc	ies in the	e instruct	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
									12000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X				12000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	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.)				X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
					X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
2520.101-3.)			10h		^				
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i						
			10j	<u> </u>					
Part VI Pension Funding Compliance		/an II and 1 and 1			0.4	lula CD 1	(-		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······			········				Ye	es No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b	Enter ti	he minimum required contribution for this plan year		12b					
C Enter the amount contributed by the employer to the plan for this plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a									
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		s," 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 PBGC?	ght under the co	ontrol	X Yes No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s) 13c(3) PN(s			PN(s)		
Part		Trust Information		T					
14a	Name o	f trust		14b Trust's 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?		☐ Ye	s	No			
	10 110			Design-					
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No					
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?									
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio percentage benefit test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					Yes No				
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the all for tax law changes and codes).					code	(See ins	tructions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter									
18					S	No			
19	Were in-service distributions made during the plan year?			Ye	s	No			
	If "Yes," enter amount								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				s	No	N/A		