## 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

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	l			
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	_	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	oox if filing under:	Form 5558	automatic extension	١	DFVC progra	ım
		special extension (enter description	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name FORREST S	•	LLC 401(K) PROFIT SHARING PL	AN		<b>1b</b> Three-dig plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2015
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	76-0826173
-	OUND PRODUCTS,		, 5	,		stelephone number 25-881-1111
					2d Business	code (see instructions)
15115 NE 90 REDMOND,	OTH ST, BLDG A WA 98052		90TH ST, BLDG A ID, WA 98052			423990
<b>3a</b> Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
		ne plan sponsor or the plan name ha			<b>4b</b> EIN	
•	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	i the last return/report.	4d PN	
C Plan N	lame					
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	12
		s at the end of the plan year			5b	11
C Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	11
	,	articipants at the beginning of the pl			5d(1)	10
		articipants at the end of the plan ye			5d(2)	9
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable cau		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.				
SIGN	Filed with authorized	d/valid electronic signature.	03/20/2018	BENJAMIN FORREST	Г	
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor

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b	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 if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit not use Fo nsurance p	ndent qualified public a ions.)rm 5500-SF and mus rrogram (see ERISA se	account t instea ection 4	ant (IC ad use 021)?	QPA)  • Form	ı <b>5500.</b> ] Yes	X Yes No
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year
a	Total plan assets	. 7a		94255			(-7	166101
	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		94255				166101
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b	) Total
а	Contributions received or receivable from:		, ,				•	,
	(1) Employers	. 8a(1)		19964				
	(2) Participants	. 8a(2)	,	34006				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	. 8b		22078				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						76048
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4077				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		125				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						4202
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						71846
j	Transfers to (from) the plan (see instructions)	- 8j		0				
Pai	t IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	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.)	ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	•	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			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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	12b			
С	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 the left of a negative amount)	12d			
е	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 X N	0
	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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).

**Short Form Annual Return/Report of Small Employee** 

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection** 

	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017			
A This return/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) ( nployer information in ac				
·	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram		
	special extension (enter desc	ription)	'	_	-		
Part II Basic Plan Inf	formation—enter all requested in	formation					
1a Name of plan				1b Three	-digit		
· •	, LLC 401(K) PROFIT SHARING PL	_AN			number		
				(PN)		001	
				1c Effect		f plan 1/2015	
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Emplo (EIN)		ication Number 326173	
City or town, state or provide	nce, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)		sor's telep	hone number	
FORREST SOUND PRODUCTS	, LLC			•	425-881		
				2d Busine	ess code (	see instructions)	
15115 NE 90TH ST, BLDG A REDMOND, WA 98052		E 90TH ST, BLDG A ND, WA 98052		423990			
1125MOND, 11110002	REBINOT	15, 11,1 50002					
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		3b Administrator's EIN			
				3c Admir	ictrator'e t	elephone number	
				JC Admin	iistiatoi s t	elephone number	
4 If the name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN			
this plan, enter the plan sp	onsor's name, EIN, the plan name a						
a Sponsor's name				4d PN			
C Plan Name							
5a Total number of participan	ts at the beginning of the plan year.			5a		12	
•	ts at the end of the plan year			5b		11	
C Number of participants with	h account balances as of the end of	the plan year (only defined	contribution plans	5c		11	
	participants at the beginning of the p			5d(1)		10	
	participants at the end of the plan ye			5d(2)		9	
	no terminated employment during the			5e		0	
than 100% vested		•••••			<del> </del>		
	e or incomplete filing of this return other penalties set forth in the instru					able a Schodule	
	and signed by an enrolled actuary, a						
SIGN	A	03/20/20	18 Benjamin	n Forr	est		
HERE Signature of plan	administrator	Date	Enter name of individu	•		ninistrator	
SIGN				v.g.m.g u	- plan dan		
HERE	loyer/plan sponsor	Date	Enter name of individe	ual eigning o	e employe	r or plan enoneer	
Juguature or emp	ioyonhian shonson	Date	Enter name of individu	uai əiyiililiy d	e embiose	i oi hiaii shoiisoi	

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b Are you dainting a watever of the annual assamination and report of an independent qualified public accountant (IOPA)  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan (see ERISA section 4021)"		ere all of the plan's assets during the plan year invested in eligib		-					X Yes [	No
If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									⊠ Yes [	٦ No
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
Part III   Financial Information   Time   PBGC premium filing for this plan year   See instructions.	-						_		□ Not determ	nined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 16101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									_	
a Total plan assets	Part II	Financial Information			-					
a Total plan assets	7 Plan	n Assets and Liabilities		(a) Beginning	of Year	.		(b) Er	d of Year	
C Net plan assets (subtract line 7b from line 7a)	a Tota	al plan assets	7a							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Participants. (6) Other income (loss). (8) Other including rollovers). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss). (8) Other spenses (location of loss). (9) Other sypenses. (10) Other sypenses	<b>b</b> Tota	al plan liabilities	7b		0				0	
8 income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	C Net	plan assets (subtract line 7b from line 7a)	7c		94255				166101	
a Contributions received or receivable from: (1) Employers 8a(1) 19964 (2) Participants				(a) Amour	ıt			(b	) Total	
(2) Participants	a Cor	ntributions received or receivable from:	8a(1)							
(3) Other (including rollovers) 8a(3) 0 b Other income (loss) 8b 22078  C Total income (loss) 8c 76048 d Benefits patd (including direct rollovers and insurance premiums to provide benefits). 8c 76048 d Benefits patd (including direct rollovers and insurance premiums to provide benefits). 8c 0 f Administrative service providers (salaries, fees, commissions). 8e 0 f Administrative service providers (salaries, fees, commissions). 8f 125 g Other expenses 8d 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4202 i Net income (loss) (subtract line 8h from line 8c) 8i 71846 j Transfer to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F Cg 2J 2K ZT 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions 10 During the plan year: a Was there a falure 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 Program) 4x								wait your		
b Other income (loss)										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·								
d Benefits pald (including direct rollovers and insurance premiums to provide benefits)			f						76048	
e Certain deemed and/or corrective distributions (see instructions)	<b>d</b> Ber	nefits paid (including direct rollovers and insurance premiums			4077					•
f Administrative service providers (salaries, fees, commissions)			. 8e		0					e ja
g Other expenses (add lines 8d, 8e, 8f, and 8g)			8f		125					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>q</b> Oth	er expenses	1		0		F			
i Net income (loss) (subtract line 8h from line 8c)						. 1.7			4202	
j Transfers to (from) the plan (see instructions)									71846	÷
Part IV			i	<u> </u>	0					
9a	Part IV	/ Plan Characteristics		L						
Part V Compliance Questions  10 During the plan year:  a 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 Program)  b -Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a If ti	he plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racter	istic Co	des in the ir	estructions:	
10 During the plan year:  a 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 Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	b If ti	he plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Char	acteris	tic Cod	es in the ins	tructions:	
a 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 Program)	Part V	Compliance Questions			<u> </u>			-		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 D	uring the plan year:			•	Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	ď	escribed in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary F	iduciary Correction	400		Ţ			
C Was the plan covered by a fidelity bond?	b-W	ere there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10c		×			
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.)							x			-
f Has the plan failed to provide any benefit when due under the plan?	e W	fere any fees or commissions paid to any brokers, agents, or other any fees or commissions paid to any brokers, agents, or other organization that provides son	her person ne or all of	s by an insurance the benefits under	10e		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 the required notice or one of the					10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g Di	id the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		×			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	25	520.101-3.)	••••••				x		14.12.54 (2.14) 14.12.54 (2.14)	
	i If	10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the	10i					

Form	5500-SF	2017
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D	2	4		
Page	J-		i e	

Part	VI Pension Funding Compliance		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		
<u>1</u> 1a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	302 of	of ☐ Yes ☒ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t Day	
lf	ou 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	12b	
С	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 the left of a negative amount)	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A
Part	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 another plan, or brought under the control of the PBGC?		Yes 🛛 No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	
1	3c(1) Name of plan(s): 13c(2)	EIN(s)	13c(3) PN(s)