Form 5500-SF		Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos. 1210 1210						
Inte	Pepartment of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to			
	Benefit Guaranty Corporation	500-SF	Public Inspection						
Part I	Annual Report	Complete all entries in a Identification Information							
For calence	dar plan year 2017 or fis	scal plan year beginning 01/01/2			2/31/2017				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		ing this box must attach a ith the form instructions.)			
B This ret	turn/report is	the first return/report	the final return/report	t					
		an amended return/report		urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC p	rogram			
	-	special extension (enter desci	1 ,						
Part II		rmation—enter all requested in	formation						
1a Name	e of plan ECHNOLOGIES, INC.				1b Three plan	e-digit number			
STOTIMA I					(PN)	• 001			
					1c Effec	tive date of plan 06/03/2002			
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)				
	ECHNOLOGIES, INC.				2c Spor	sor's telephone number 425-487-4020			
10809 - 120 KIRKLAND,	TH AVE. N.E. WA 98033				2d Busir	ness code (see instructions) 541330			
3a Plan a	administrator's name ar	nd address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name ha	5		4b EIN				
a Spons	sor's name	nsor's name, EIN, the plan name a	ind the plan number from	the last return/report.	4d PN				
C Plan I	Name								
5a Total	number of participants	at the beginning of the plan year			5a	65			
		at the end of the plan year			5b	86			
		account balances as of the end of			5c	69			
d(1) ⊺o	tal number of active par	rticipants at the beginning of the pl	an year		5d(1)	54			
d(2) ⊺o	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)	75			
than	100% vested	terminated employment during the			5e	0			
Under per	nalties of perjury and otl	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a	ctions, I declare that I hav	/e examined this return/rep	port, includi	ng, if applicable, a Schedule			
belief, it is	true, correct, and comp	plete.	04/11/2018						
SIGN HERE		/valid electronic signature.		TOM PRENZLOW	idual signing as plan administrator				
SICN	Signature of plan a	นากการและบา	Date		uai siyilliyi	as pian aunimistratur			
SIGN HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual signing :	as employer or plan sponsor			
For Paperw		e, see the Instructions for Form 5500			aa orgining (Form 5500-SF (2017) v.170203			

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6a b c	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC inst If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 5500. rogram (see ERISA section 4021)? Yes No	Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year (b) End	d of Year
а	Total plan assets	7a	3075185	4088407
b	Total plan liabilities	7b		408
С	Net plan assets (subtract line 7b from line 7a)	7c	3075185	4087999

		-		
С	Net plan assets (subtract line 7b from line 7a)	7c	3075185	4087999
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	185817	
	(2) Participants	8a(2)	347542	
	(3) Others (including rollovers)	8a(3)	31634	
b	Other income (loss)	8b	613297	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1178290
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	164225	
е	Certain deemed and/or corrective distributions (see instructions)	8e	1251	
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		165476
i	Net income (loss) (subtract line 8h from line 8c)	8i		1012814
j	Transfers to (from) the plan (see instructions)	8j		
_			•	

Part IV Plan Characteristics

9a	If the	plan p	provid	les pe	nsion	benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	:
						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:	Ye	s No	Amount
а	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))a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions)b	x	
С	Was the plan covered by a fidelity bond?)c X		95000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?)d	x	
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.))e	x	
f	Has the plan failed to provide any benefit when due under the plan?	Df	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.))g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.))h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Di		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct 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)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," 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 brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Forr	n 5500-SF	Short Form Annua		of Small Employ	/ee	OMB Nos 1210-0110 1210-0089
Departn Interna	nent of the Treasury al Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 40	65 of the Employee Reti	rement	2017
Employee Ben	artment of Labor refits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the In	ternal	This Form is Open to Public Inspection
Pension Ben	efit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 5500	D-SF.	
Part I		dentification Information		Contrary and an inclusion	10/21/	2017
For calenda	r plan year 2017 or fisc	al plan year beginning	01/01/2017	and ending	12/31/	
A This retu	ی irn/report is for: [a single-employer plan	a multiple-employer plar list of participating emp a foreign plan	loyer information in acco		
B This retur	m/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/	report (less than 12 mon	lths)	
C Check b	ox if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC progr	am
Part II	Basic Plan Infor	mation—enter all requested info				
1a Name d		mation—enter all requested into	imation	14	1b Three-di	git
		INC. 401(k) PLAN			plan nun (PN) ▶	¢
					1c Effective 06/03/	
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.	Box)			r Identification Number -0011081
	town, state or province, TECHNOLOGIES,	country, and ZIP or foreign postal	i code (ir ipreign, see instru			°s telephone number 7−4020
10809 -	120TH AVE. N.	. E .		2	2d Business 541330	s code (see instructions)
KIRKLAN		WA 98033			3b Administ	rotorio EIN
3a Plan ad	iministrator's name and	l address 🛛 Same as Plan Spons	sor			trator's telephone number
4 If the n	ame and/or EIN of the	plan sponsor or the plan name has sor's name, EIN, the plan name ar	s changed since the last re	turn/report filed for	4b EIN	
a Sponso c Plan Na	or's name	50, 5 mario, 2m, are plan name a			4d PN	
5a Total n	number of participants a	at the beginning of the plan year			5a	é
b Total n	number of participants a	at the end of the plan year	•••••		5b	
C Numbe comple	er of participants with a ete this item)	ccount balances as of the end of t	he plan year (only defined (contribution plans	5c	
d(1) Tota	al number of active part	ticipants at the beginning of the pla	an year		5d(1)	
d(2) Tota	al number of active part	ticipants at the end of the plan yea	ur	6	5d(2)	
than '	100% vested	terminated employment during the			5e	shad
Under pena SB or Sche	alties of perjury and oth dule MB completed an	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	tions. I declare that I have	examined this return/rep	ort, including,	if applicable, a Schedule
belief, it is t SIGN	rue, correct, and comp	lete		Tom Prenzlow		
HERE	Signature of plan ac	iministrator	Date 4/11/18	Enter name of individu	al signing as	plan administrator
SIGN						
I I Im I Vim	Signature of employ	control and an amage and	Date	E Enter name of individual	al signing as	employer or plan sponsor

Dale

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Enter name of individual signing as employer or plan sponsor Form 5500-SF (2017) v 170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	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.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year	
а	Total plan assets	7a	3,0)75,1	185		4,088	
	Total plan liabilities	7b						408
с	Net plan assets (subtract line 7b from line 7a)	7c	3,0)75,3	185		4,087	,999
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		185,8				
	(2) Participants	8a(2)		347,5				
<u>,</u>	(3) Others (including rollovers)	8a(3)		31,6	-	2 . L.		
b	Other income (loss)	8b	(513,2	297	_		_
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,178	,290
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		164,:				
θ	Certain deemed and/or corrective distributions (see instructions)	8e		1,	251			
f	Administrative service providers (salaries, fees, commissions)	8f				_		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5,476
i	Net income (loss) (subtract line 8h from line 8c)	81					1,012	2,814
i	Transfers to (from) the plan (see instructions)	8j						
b	If the plan provides welfare benefits, enter the applicable welfare t	feature code	es from the List of Plar	h Chara	acteris	tic Codes	in the instructions:	
Par					V.		8	
10	During the plan year:				Yes	No	Amount	-
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	∨oluntary Fi	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not ii	nclude transactions	10b		х		
	Was the plan covered by a fidelity bond?			10c	X		95	5,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bor	id, that was caused	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X		
ç	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g		X		
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	P (See instru	ctions and 29 CFR	10h		X		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	I notice or one of the	10i				

Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 8 (Form 5500) and line 11a below).			Yes 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 sec ERISA?			Yes 🕅 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da	the date	of the letter ruling Year
lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
	Enter the minimum required contribution for this plan year	12b		
	Enter the amount contributed by the employer to the plan for this plan year	120		
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		<u> </u>
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	14492	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?	<u></u>	[] Ye	s 🔀 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 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 pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
1.	13c(1) Name of plan(s): 13	c(2) EIN(5)	13c(3) PN(s)