	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089			
Inter D	rnal Revenue Service epartment of Labor		e filed under sections 104 and 4065 of the Employee Retirement 974 (ERISA), and sections 6057(b) and 6058(a) of the Internal						
	Benefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Cod	,	00.85	This Form is Open to Public Inspection			
Part I	Annual Report	Complete all entries in a Identification Information	ccordance with the ins	structions to the Form 55	00-SF.				
		cal plan year beginning 01/01/20			/31/2017				
A This re	turn/report is for:	plan (not multiemployer) (F employer information in acc		-					
B This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report an amended return/report	the final return/report	t urn/report (less than 12 mc	onthe)				
C Check	box if filing under:			г Г	_				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Part II	Basic Plan Info	special extension (enter descri rmation —enter all requested info	,						
1a Name			Jimalion		1b Three	e-digit			
		INC. RETIREMENT PLAN			plan	number			
				-	(PN) 1c Effect	tive date of plan			
						01/01/2006			
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN)				
-	ARRAY SOFTWARE I		(,	2C Spor	nsor's telephone number 714-299-5818			
					2d Business code (see instructions)				
4163 WILLIA RENTON, W	AMS AVENUE N /A 98056				541519				
3a Plan a	dministrator's name an	d address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name ar			4b EIN				
a Spons C Plan N	sor's name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a	2			
-		at the end of the plan year			5b	2			
C Numb	per of participants with a	account balances as of the end of t	he plan year (only define	ed contribution plans	5c	2			
	,	ticipants at the beginning of the pla		-	5d(1)	2			
d(2) Tot	tal number of active par	rticipants at the end of the plan yea	ı r		5d(2)	2			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assesse	d unless reasonable cau					
SB or Sche		ner penalties set forth in the instruc ad signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized/	valid electronic signature.	05/24/2018	HONG WEN MA					
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	idual signing as plan administrator				
SIGN	Filed with authorized/	valid electronic signature.	05/24/2018	HONG WEN MA					
HERE For Paperw	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	al signing a	as employer or plan sponsor Form 5500-SF (2017)			
i er i aperw						v.170203			

6a b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)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.)								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead use	e Form 5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021)?	Yes No Not determined					
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	899107	1045474					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	899107	1045474					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	18000						
	(2) Participants	8a(2)	48000						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	80367						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		146367					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i		146367					
j	Transfers to (from) the plan (see instructions)	8i							

Part IV Plan Characteristics

9a	If the	plan	provic	les pe	nsion	benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	:
	2A	2E	2F	2G	2J	3D	

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:	Yes	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		80000
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	
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	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-SF	Short Form Annual Re	oyee	OMB Nos. 1210-0110 1210-0089									
Internal Revenue Service	This form is required to be filed	oyee	yee 2017									
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interna				058(a) of	This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance	e with t	he instru	ctions to the Form	5500-SF.						
	dentification Information		1 /01	10045			100 10000					
For calendar plan year 2017 or fisc		_	1/01,		and ending		/31/2017					
A This return/report is for:	a one-participant plan	a list a for	t of part reign pla	icipating e		multiemployer) (Filers checking this box must attach r information in accordance with the form instructions.)						
l	an amended return/report	a she	ort plan	year retu	rn/report (less than 1	2 months)						
C Check box if filing under:	Form 5558		matic e	xtension		C	DFVC progra	am				
Part II Basic Plan Infor	mation enter all requested inform	matio	n			.11						
1a Name of plan External-Array Softw	vare, Inc. Retirement Play	n				- F	Fhree-digit blan number (PN) ►	003				
						1c E	Effective date o	f plan				
2a Plan sponsor's name (employ Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo , country, and ZIP or foreign postal co	ox)	fforoig	n. eee ind	ructions)	2b 8	2b Employer Identification Number (EIN) 95-4856394					
External-Array Softw		oue (i	rioreigi	1, See insi	iucions)		2c Sponsor's telephone number (714) 299-5818					
4163 Williams Avenue	a N						2d Business code (see instructions) 541519					
US Renton WA 98056	d address 🕱 Same as Plan Sponso					36	3b Administrator's EIN					
						3c /	3c Administrator's telephone number					
	plan sponsor or the plan name has ch sor's name, EIN, the plan name and th					4b E	4b EIN					
a Sponsor's namec Plan Name						4d F	PN					
5a Total number of participants a	t the beginning of the plan year					5a	Î	2				
	It the end of the plan year						_	2				
C Number of participants with ac	ccount balances as of the end of the p	plan y	ear (on	ly defined	contribution plans	50		2				
	cipants at the beginning of the plan ye)	2				
d(2) Total number of active partie	cipants at the end of the plan year					5d(2	:)	2				
	erminated employment during the plan					5e		0				
Caution: A penalty for the late o	r incomplete filing of this return/re	port	will be	assessed	l unless reasonable	cause is e	established.					
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	ner penalties set forth in the instruction ad signed by an enrolled actuary, as w plete.	ns, I d /ell as	leclare the ele	that I have ectronic ve	e examined this return ersion of this return/re	n/report, ind port, and to	cluding, if appli o the best of m	cable, a Schedule y knowledge and				
SIGN A	~	5	[w]	2018	Hong Wen Ma							
HERE Signature of plan admin	nistrator	Da	ate /		Enter name of indivi	dual signin	ual signing as plan administrator					
SIGN	\sim	S	124	2018	Hong Wen Ma	×.,						
HERE Signature of employer/	plan sponsor	Da	ate	5	Enter name of indivi	dual signin	g as employer	or plan sponsor				

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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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 a	•			•					_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			X Yes	_]No					
с	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 in									erminer
C.										
	If "Yes" is checked, enter the My PAA confirmation number from the		emium ning for this year						See instruct	ions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities	The THE A	(a) Beginning o	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	8:	99,1	07				1,045,4	74
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	8	99,1	07				1,045,4	74
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	_	-		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		18,0	00					
-	(2) Participants	8a(2)		48,0		10210	Tool 1		in a straight s	. SHORE
	(3) Others (including rollovers)	8a(3)			_	No.				NR AN
b	Other income (loss)	8b		30,3	67	141	and the second	U.B. L. Martin		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		HI HRZ	No.	le contraction de la contracti	Assessed	T Earth C. West House	146,3	67
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e				(1)		地域では	less ind the	
f	Administrative service providers (salaries, fees, commissions)	8f					-			En P
g	Other expenses	8g				12 - 12		175 X44	心的情况	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2444	WD RU					
i	Net income (loss) (subtract line 8h from line 8c)	8i	調査で	1500		6			146,3	67
j	Transfers to (from) the plan (see instructions)	8j				EQ.			北部国家	
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan C	harac	teristi	c Cod	ies in tl	he instruc	tions:	
	2A 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Ch	aracto	eristic	Code	s in the	e instructi	ons:	
P	art V Compliance Questions									
10	During the plan year:			1	Yes	No	N/A		Amount	
a		itions withir	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	luciary Correction				100 100 100			
5 	Program)			10a		х	1.215			
k 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
	Was the plan covered by a fidelity bond?			10c	x		Sec.		8	0,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	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 pla	n?		10f		x	(Fight			
-	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		x	Sec. 1			
	 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instru	ctions and 29 CFR	10h		x	(city)			
i		he required	I notice or one of the	101			a state			Re 24 Par - 30 /
	exceptions to providing the notice applied under 28 of 17 2020.10			1 101			VUFFIC	119 Seats (11, 17)	A DUNCTION OF	2 HR AUTUR

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Form 5500-SF 2017

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Parl	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)				Yes	X No			
11a	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 302 of ERISA?								
a									
lfy	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 the 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			
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 another plan, or brought under the control of the PBGC?			Yes	X I	10			
С									
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13	c(3) P	N(s)			