Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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		t Identification Information					
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/20	17	and ending 1	2/31/2017		
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) (aployer information in ac	-		
		a one-participant plan	a foreign plan				
B This retu	urn/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 program		
5	· · · · ·	special extension (enter descrip	<u> </u>				
Part II		ormation—enter all requested info	rmation		41	1	
1a Name	•				1b Three-digit plan number		
AUTOGRAP	PH, INC. 401(K) PLAN	1			(PN) ▶	001	
					1c Effective date o	L	
						1/2014	
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employer Identi (EIN) 27-2	fication Number 635522	
City or AUTOGRAP		ce, country, and ZIP or foreign postal	code (if foreign, see insti	ructions)	2c Sponsor's telep		
					2d Business code	(see instructions)	
	THLAKE WAY, SUITE	≣ 300			5419	990	
SEATTLE, W	/A 98103-3422						
3a Dian o	dministrator's name a	and address V Same, as Blan Spane	or		3b Administrator's	EINI	
Ja Plan a	uministrator's name a	and address X Same as Plan Spons	or.		3D Administrators	LIIN	
					3c Administrator's	telephone number	
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name has	changed since the last r	oturn/roport filed for	4b EIN		
		onsor's name, EIN, the plan name an			TO LIN		
•	or's name				4d PN		
C Plan N	lame						
5a Total	number of participants	s at the beginning of the plan year			5a	14	
		s at the end of the plan year account balances as of the end of th			5b	12	
		account balances as of the end of th			5c	5	
		articipants at the beginning of the plar			5d(1)	13	
` '	•	articipants at the end of the plan year			5d(2)	12	
than	100% vested	o terminated employment during the p			5e	0	
		or incomplete filing of this return/				aabla a Cabadula	
SB or Sche		ther penalties set forth in the instructi and signed by an enrolled actuary, as polete.					
SIGN		d/valid electronic signature.	06/23/2018	EILEEN MCCORMAC	K		
HERE Signature of plan administrator Date Enter name of individua				dual signing as plan administrator			

06/23/2018

Date

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

HERE

EILEEN MCCORMACK

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

Part III Financial Information 7 Plan Assets and Liabilities 7	X Yes
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of a Total plan assets	See instructions.)
a Total plan assets	
b Total plan liabilities	Year
C Net plan assets (subtract line 7b from line 7a)	283398
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	0
a Contributions received or receivable from: (1) Employers	283398
(1) Employers	al
(3) Others (including rollovers)	
b Other income (loss)	
b Other income (loss)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions)	124346
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
Transfers 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 instruct 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Plan Instruction Instructio	7116
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 instruct 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of Plan Characteristi	117230
Part V Compliance Questions	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructi 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	
Part V Compliance Questions 10 During the plan year: Yes No Am 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 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	tions:
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? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? P Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	ons:
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)	
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)	ount
reported on line 10a.)	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
by fraud or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

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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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2017 or fiscal plan year beginning

Annual Report Identification Information

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

12/31/2017

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

01/01/2017

and ending

	This return/report is for:	a single-employer plan a one-participant plan	_ a	ı multiple-empl ı list of participa ı foreign plan	oyer p ating e	plan (not multiemployer) (Filers checking this box must attach employer information in accordance with the form instructions.)				
В	This return/report is:	the first return/report	☐ th	he final return/r	report					
		an amended return/report	a	short plan yea	ar retu	rn/report (less than 12 m	onths)			
С	Check box if filing under:	Form 5558 special extension (enter desc		utomatic exten	nsion			DFVC progra	ım	
P	art II Basic Plan Inf	formation enter all requested						· · · · · · · · · · · · · · · · · · ·		
-	Name of plan	Officiation enter an requested	<u>. Hilomia</u>	attori			1b ⊺	hree-digit		
	autoGraph, Inc. 40	O1(k) Plan			v		p (I	lan number PN) ►	001	
								ffective date o 1/01/2014	f plan	
2a	Mailing Address (include ro	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	.O. Box		ee inst	ructions)		mployer Identi EIN) 27-26	ification Number 35522	
	autoGraph, Inc.					, 	2c Sponsor's telephone number (206) 313-5739			
	999 N. Northlake W							susiness code 41990	(see instructions)	
3a	US Seattle WA 98103-342 Plan administrator's name	and address X Same as Plan Sp	onsor				3h ∆	dministrator's	EIN	
4	If the name and/or EIN of t	he plan sponsor or the plan name h	nas cha	nged since the	e last r	eturn/report filed for	3c A		telephone number	
_		onsor's name, EIN, the plan name a	and the	plan number f	from th	ne last return/report.				
	Sponsor's name Plan Name						4d P	'N		
— 5а	Total number of participant	s at the beginning of the plan year					5a		14	
b		s at the end of the plan year					5b		12	
С	Number of participants with	account balances as of the end of	the pla	an year (only de	efined	contribution plans	5с		5	
d(1) Total number of active pa	articipants at the beginning of the pla	an year	r	•••••	***************************************	5d(1)	13	
d(articipants at the end of the plan yea				***************************************	5d(2)	12	
е	Number of participants who less than 100% vested	o terminated employment during the				nefits that were	5e		0	
Ca	ution: A penalty for the late	e or incomplete filing of this retur	rn/repo	ort will be ass	essed	unless reasonable cau	ıse is e	stablished.		
SB	nder penalties of perjury and of or Schedule MB completed lief, it is true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, as well	, I declare that I as the electro	I have onic ve	e examined this return/re rsion of this return/report	port, inc t, and to	cluding, if appli the best of m	cable, a Schedule y knowledge and	
S	IGN 41 6011 M	Mounack		6-23-1	8	Eileen McCormack				
100	ERE Signature of plan add	ministrator		Date		Enter name of individua	l signing	g as plan admi	nistrator	
S	IGN 41 DOWN M	Cloimack		6-23-18		Eileen McCormack	:			

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

HERE | Signature of employer/plan sponsor

SIGN

Form 5500-SF (2017) v.170203

Enter name of individual signing as employer or plan sponsor

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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 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)?	es No Not determined
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	es No Not determined (See instructions.) (b) End of Year 283,398 0 283,398 (b) Total
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	es No Not determined (See instructions.) (b) End of Year 283,398 0 283,398 (b) Total
Part III Financial Information Financial Information 7	(See instructions.) (b) End of Year 283,398 0 283,398 (b) Total
Part III Financial Information 7 Plan Assets and Liabilities 7a 166,168 b Total plan assets 5 7b 0 C Net plan assets (subtract line 7b from line 7a) 7c 166,168 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 78,578 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 45,768 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7a 166,168 (a) Beginning of Year 166,168 160,168 16	(b) End of Year 283,398 0 283,398 (b) Total
7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Total plan assets 7 Total plan liabilities 7 Total plan liabilities 7 Total plan liabilities 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 7 C 166,168 8 Income, Expenses, and Transfers for this Plan Year 9 Contributions received or receivable from: (1) Employers 8 Sa(1) 9 Participants 8 Sa(2) 7 S S S S S S S S S S S S S S S S S S S	283,398 0 283,398 (b) Total
aTotal plan assets7a166,168bTotal plan liabilities7b0cNet plan assets (subtract line 7b from line 7a)7c166,1688Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers8a(1)0(2) Participants8a(2)78,578(3) Others (including rollovers)8a(3)0bOther income (loss)8b45,768cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cdBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d7,016	283,398 0 283,398 (b) Total
b Total plan liabilities	0 283,398 (b) Total
C Net plan assets (subtract line 7b from line 7a) 7c 166,168 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:	(b) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers	(b) Total
(1) Employers 8a(1) 0 (2) Participants 8a(2) 78,578 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 45,768 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7,016	124,346
(2) Participants 8a(2) 78,578 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 45,768 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7,016	124,346
(3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 45,768 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7,016	124,346
b Other income (loss) 8b 45,768 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7,016	124,346
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	124,346
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7,016	124,346
to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e 0	
f Administrative service providers (salaries, fees, commissions) 8f 100	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	7,116
Net income (loss) (subtract line 8h from line 8c)	117,230
j Transfers to (from) the plan (see instructions)	
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 2A 2E 2F 2G 2J 2K 2T 3D	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in	the instructions:
in the plant provided working strict the approache working location codes from the bist of Fight Origination Codes from	.ile ilisti delloris.
Part V Compliance Questions	,
10 During the plan year: Yes No N	A Amount
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 x	
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?	
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? 10f x	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

Form	5500-SF	2017	

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Page 3 -			
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Part	Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500 and line 11a below)			SB	Yes 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 302 of ERISA?					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	•	nd ente Da		e of the letter ru Year	ling
——————————————————————————————————————	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			<u>y</u>	I Gai	
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 negative amount)	the left of a	12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?] No 🔲 N/	Α
Part	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 be control of the PBGC?	ought under th	е		Yes 🕱 No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to			
1;	3c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3) PN(s)