Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/3					
. c. calculate pair jour boginning offortion and chairing 120	31/2017				
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
a one-participant plan a foreign plan					
B This return/report is the first return/report the final return/report	4.)				
an amended return/report a short plan year return/report (less than 12 mont	iths)				
	DFVC program				
special extension (enter description)					
Part II Basic Plan Information—enter all requested information					
1a Name of plan MARKETECH INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	Three-digit plan number (PN) ▶ 002				
1	1c Effective date of plan 01/01/2005				
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)	Employer Identification Numbe (EIN) 56-2660636	r			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARKETECH INTERNATIONAL, INC.	2c Sponsor's telephone number				
<u> </u>	360-379-6707				
192 OTTO STREET	2d Business code (see instructions)				
PORT TOWNSEND, WA 98368	332900				
20 Dian administratoria norma and address V Company Dian Company	3b Administrator's EIN				
3a Plan administrator's name and address ∑ Same as Plan Sponsor. 3	Administrator's EIN				
3	3c Administrator's telephone number				
	4b EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	4b EIN 4d PN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4	4d PN 5a	6			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4d PN	6 7			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	5a 5b 5c				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year	5a 5b 5c 5d(1)	7			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year 5 d(2) Total number of active participants at the end of the plan year	5a 5b 5c	7 5			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	5a 5b 5c 5d(1) 5d(2) 5e	7 5 5			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5a	7 5 5 6 0			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	5a 5b 5c 5d(1) 5d(2) 5e e is established. ort, including, if applicable, a Schedu	7 5 5 6 0			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	5a 5b 5c 5d(1) 5d(2) 5e e is established. ort, including, if applicable, a Schedu	7 5 5 6 0			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	5a 5b 5c 5d(1) 5d(2) 5e e is established. ort, including, if applicable, a Schedu	7 5 5 6 0			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	5a 5b 5c 5d(1) 5d(2) 5e e is established. art, including, if applicable, a Scheduand to the best of my knowledge and	7 5 5 6 0			

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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)? Yes No 							X Yes No X Yes No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a	66	69953				438822		
<u>b</u>	Total plan liabilities	7b		0				0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)						438822		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal		
_а 	Contributions received or receivable from: (1) Employers	8a(1)		6284						
	(2) Participants	8a(2)		6284						
	(3) Others (including rollovers)	8a(3)		0						
<u> b </u>	Other income (loss)	. 8b		50348						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						62916		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	29	93892						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	8f 155							
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							294047		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							-231131		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	8j							
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D 3H	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		X				
с				10c	Χ			66996		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X		00990		
е	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.)					Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g				10g	Χ			42333		
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)		В	. Y	es No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
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?		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	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

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 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

For calendar plan year 201	7 or fiscal plan year beginning	01/01/2017	and ending	12/31/201/	
A This return/report is for:		a multiple-employer plan list of participating emp	n (not multiemployer) (F loyer information in acc	ilers checking this bo ordance with the form	x must attach a n instructions.)
B This return/report is	a one-participant plan	a foreign plan			
o mis retunyreportis	the first return/report	the final return/report			
	an amended return/report	a short plan year return	report (less than 12 mo	onths)	
C Check box if filing under		automatic extension	[DFVC program	
D-11 D 1 D1	special extension (enter des				
Part II Basic Plan 1a Name of plan	Information—enter all requested in	nformation		1b Three-digit	
-71	tional, Inc. 401(k) Pro	ofit Sharing Plan	and Trust	plan number (PN)	002
				1c Effective date 01/01/200	
Mailing address (include	employer, if for a single-employer plan) e room, apt., suite no. and street, or P.	O. Box)		2b Employer Ider (EIN) 56-26	
City or town, state or pr Marketech Interna	ovince, country, and ZIP or foreign pos ational, Inc.	stal code (if foreign, see instri	ictions)	2c Sponsor's tele 360-379-6	
192 Otto Street				2d Business cod 332900	e (see instructions)
Port Townsend	WA 98368				
3a Plan administrator's nan	ne and address X Same as Plan Spo	onsor.		3b Administrator	's EIN
4 If the name and/or EIN of	of the plan sponsor or the plan name I	has changed since the last re	eturr/report filed for	4b EIN	
a Sponsor's name	sponsor's name, EIN, the plan name	and the plan number from the	ie iast return/report.	4d PN	
C Plan Name					
a Total number of participa	ants at the beginning of the plan year			. 5a	6
	ants at the end of the plan year				7
c Number of participants v	with account balances as of the end o	f the plan year (only defined	contribution plans	5c	
			*****************************		5
	participants at the beginning of the t			5d(1)	5
e Number of participants v	participants at the beginning of the participants at the end of the plan ve	olan year		F 1(a)	5
than 100% vested	participants at the end of the plan you	earear with accrued be	enefits that were less	F 1(0)	5
aution: A penalty for the la	participants at the end of the plan you who terminated employment during the plan to the plan you will be or incomplete filing of this return	earee plan year with accrued be	enefits that were less	5d(2) 5e ause is establishe	5 (d.
aution: A penalty for the la inder penalties of perjury and B or Schedule MB complete	e participants at the end of the plan you who terminated employment during the or incomplete filing of this return of other penalties set forth in the instruction and signed by an enrolled actuary,	ear ne plan year with accrued be	enefits that were less	5d(2) 5e ause is establisher report, including, if	d. applicable, a Schedule
aution: A penalty for the la inder penalties of penjury and B or Schedule MB complete elief, it is true, correct, and co	who terminated employment during the or incomplete filing of this return to other penalties set forth in the instruction of the data actuary, complete.	ear ne plan year with accrued be	unless reasonable c examined this return/rep	5d(2) 5e ause is establisher report, including, if	d. applicable, a Schedule
aution: A penalty for the la inder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and or	the participants at the end of the plan you who terminated employment during the or incomplete filing of this return of other penalties set forth in the instruction of the plan by an enrolled actuary, complete.	plan year the plan year with accrued be rin/report will be assessed actions, I declare that I have as well as the electronic ve	unless reasonable c examined this return/rep Regina Datta	5d(2) 5e ause is establisher report, including, if a cort, and to the best	d. applicable, a Schedule of my knowledge and
aution: A penalty for the la inder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and co IGN ERE Signature of pla	the participants at the end of the plan you who terminated employment during the or incomplete filing of this return of other penalties set forth in the instruction of the plan by an enrolled actuary, complete.	plan year the plan year with accrued be converted by the plan year will be assessed uctions, I declare that I have as well as the electronic version.	unless reasonable c examined this return/rep	5d(2) 5e ause is establisher report, including, if a cort, and to the best	d. applicable, a Schedule of my knowledge and
aution: A penalty for the la inder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and or	the participants at the end of the plan you who terminated employment during the or incomplete filing of this return of other penalties set forth in the instruction of the plan by an enrolled actuary, complete.	plan year the plan year with accrued be rin/report will be assessed actions, I declare that I have as well as the electronic ve	unless reasonable of examined this return/reprison of this return/reprison Datta	5d(2) 5e sause is established report, including, if so ort, and to the best reidual signing as place.	applicable, a Schedule of my knowledge and

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	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							XY	es No
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)					ΧY	es No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			. (See ins	tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a		669,	953				438,822
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		669,	953		438,822		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) T	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		6,	284	, ,			
	(2) Participants	8a(2)		6,	284				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		50,	348				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							62,916
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		293,	892				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f	8f 155						
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				294,(
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	231,131
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D 3H	feature co	odes from the List of Pl	an Chai	racteris	stic Co	des in the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in the instr	uctions:	
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 contribu	utions withi	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	•	•	40-		Х			
	Program)			10a					
~	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	Х				66,996
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance						
	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х				42,333
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to 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 So (Form 5500) and line 11a below)	hedule S	B	Yes N	0
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 sect ERISA?	on 302 o	f 	Yes 🛭 N	0
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter Day		of the letter ruling Year	
lf y	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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s 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?	e		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 which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)	