## 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).

2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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 return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number STREAMBOX, INC. 401(K) PLAN & TRUST (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1973713 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number STREAMBOX, INC. 206-956-0544 2d Business code (see instructions) 1801 130TH AVE NE SUITE 200 334310 BELLEVUE, WA 98005 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 21 5a 5a Total number of participants at the beginning of the plan year ...... 5<sub>b</sub> 19 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 11 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 18 5d(2) 15 d(2) Total number of active participants at the end of the plan year ..... Number of participants who terminated employment during the plan year with accrued benefits that were less 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

10/15/2018

10/15/2018

Date

Date

JEANY PIRZIO-BIROLI

JEANY PIRZIO-BIROLI

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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

Filed with authorized/valid electronic signature

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

SIGN HERE Form 5500-SF 2017 Page **2** 

	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 determine							rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			. (See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
a	Total plan assets	. 7a		32647			(4) = 114	548846	
	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	4:	32647				548846	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>-</sup>	Γotal	
а	Contributions received or receivable from:	0-(4)		2200					
	(1) Employers	8a(1)	2	27393					
	(2) Participants	8a(2)			-				
	(3) Others (including rollovers)	. 8a(3)		89286					
	Other income (loss)			09200				116679	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						110073	
	to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		480					
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					480		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			116				
<u>j</u>	Transfers to (from) the plan (see instructions)								
	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:	
Par	t V   Compliance Questions				ı	ı	1		
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)			10a	X			288	93
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			20000	00
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			
е	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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g		-	•	10g	Χ			385	96
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					

Form 5500-SF 2017	Page <b>3-</b> 1		
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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 Sci (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							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar 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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th 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	13c(1) Name of plan(s): 13c(2			<b>13c(3)</b> PN(s)			

## 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 section 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.

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information	I						
For calendar plan year 2017 or fiscal plan year beginning	01/01/2017 and ending	12/31/201	7				
A This return/report is for:	turn/report is for: a list of participating employer information in accordance with the form instructions.)						
B This return/report is:	the final return/report						
an amended return/report	a short plan year return/report (less than 12 n	nonths)					
C Check box if filing under:	automatic extension	DFVC p	rogram				
Part II Basic Plan Information enter all requested							
1a Name of plan	IIIIOIIIIatioii	1b Three-digit	T				
Streambox, Inc. 401(k) Plan & Trust		plan numb (PN) ▶	001				
		1c Effective date of plan 01/01/2008					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.City or town, state or province, country, and ZIP or foreign positive country.		2b Employer Identification Number (EIN) 91–1973713					
Streambox, Inc.	(i. 1515)gii, too iiisasisiis,	2c Sponsor's telephone number (206) 956-0544					
1801 130th Ave NE Suite 200		2d Business code (see instructions) 334310					
US Bellevue WA 98005							
3a Plan administrator's name and address X Same as Plan Sp	3b Administrator's EIN						
3c Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor or the plan name had this plan, enter the plan sponsor's name, EIN, the plan name a		4b EIN					
a Sponsor's name	The state of the s						
a Sponsor's name c Plan Name 4d PN							
5a Total number of participants at the beginning of the plan year	••••••	5a	. 21				
b Total number of participants at the end of the plan year		5b	19				
C Number of participants with account balances as of the end of complete this item)		5c	11				
d(1) Total number of active participants at the beginning of the pla	an year	5d(1)	18				
d(2) Total number of active participants at the end of the plan year		5d(2)	15				
e Number of participants who terminated employment during the less than 100% vested	plan year with accrued benefits that were	5e	0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instru-SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete.			가게 하는 이 이 이 가는 하면 하게 하는 아이지고 있는 그가 하는 이 어디를 가지 않는				
SIGN Clamp Nijskrigi	16/15/2018 Bob Lindsey JE	any Pivzi	O-Bivoli				
HERE Signature of plan administrator	Date Enter name of individu	al signing as plan	administrator				
SIGN Deur Poplation	10/15/2018 Jeany P	WZO-BIN					

HERE Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

ьа	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••	•••••	•••••	••••••	XYes No	
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ons.)	•••••	•••••	•••••		XYes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		No Not determin	ec
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	Yea	•			(b) End of Year	
а	Total plan assets	7a	43	2,6	47			548,846	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	43	2,6	47			548,846	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	_
а	Contributions received or receivable from: (1) Employers	8a(1)	2	7,3	93				
	(2) Participants	8a(2)	_	,.					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	8	9,2	86				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- , -				116,679	
d	Benefits paid (including direct rollovers and insurance premiums							220,075	
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		4	80				
<u>g</u>	Other expenses	8g			_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						480	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						116,199	
	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructions:	
=	2E 2F 2G 2J 2K 2T 3D								_
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (	Codes	in the i	instructions:	
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributi	ions withir	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fid	luciary Correction						
	Program)			10a	Х			28,89	13
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x			
				10c	x			2,000,00	
d		idelity bor	d, that was caused	10d		х			_
—е	•			100					_
·	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x			
f	· · · · · · · · · · · · · · · · · · ·			10f		х			_
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х			38,59	96
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR			v			
	If 10h was answered "Yes," check the box if you either provided th			10h		х			
	exceptions to providing the notice applied under 29 CFR 2520.101			10i					

Part	VI Pension Funding Compliance				_			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)					es 🗓	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i	nstructions, an	d enter	the date	of the le	tter rulin	ıg	
	granting the waiver	Month	_ Da	y	Year	·	_	
If 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 the plan year							
d	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes 🗌	] No [	N/A	A	
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	****************	Ę	Yes	х	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••	13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to control of the PBGC?			•••••		Yes 2	₹ No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s	) to					
13	<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> E				13c(	( <b>3)</b> PN(s	()	
		-						

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