Form 5500-SF

Department of the Treasury

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

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

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

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 THRESHOLD, INC. NEW COMPARABILITY & 401(K) PLAN (PN) ▶ 003 1c Effective date of plan 01/01/2005 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) 91-1600797 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number THRESHOLD, INC. 360-694-2556 2d Business code (see instructions) 703 BROADWAY STREET, SUITE 103 524210 VANCOUVER, WA 98661 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 5a 5a Total number of participants at the beginning of the plan year 5_b **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 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) n 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 O 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 Filed with authorized/valid electronic signature 10/24/2018 MARY MEYERS SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date

Date

Signature of employer/plan sponsor

SIGN HERE

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le 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	and condit	tions.)		·····	·····	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		(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	3.	28124			0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	3.	28124			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		3538			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3538
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	31142			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f		520			
a	Other expenses	8g			\neg		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					331662
-	Net income (loss) (subtract line 8h from line 8c)	8i					-328124
÷	Transfers to (from) the plan (see instructions)						020124
Boi	rt IV Plan Characteristics	8j					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:
Ju	2A 2E 2F 2G 2J 2K 3D			u c u		00	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instructions:
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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X	
	reported on line 10a.)			10b		X	
C				10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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				10f		X	
g		-		10g		X	
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 Scho (Form 5500) and line 11a below)	edule S	В	Y	es 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?	1 302 of		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, and granting the waiver			of the letter Year	ruling
lf y	rou 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?		X Yes	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 the control of the PBGC?			X Yes	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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.

Short Form Annual Return/Report of Small Employee

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Parti		identification Information				
For calenda	ar plan year 2017 or f	iscal plan year beginning	01/01/2018	and ending	08/31/2	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	ın (not multiemployer) (f ployer information in ac		
D =: .		a one-participant plan	a foreign plan			
B This retu	irn/report is	the first return/report	x the final return/report			
		an amended return/report	X a short plan year return	/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	=	DFVC progran	n
		special extension (enter desc	· · ·			
Part II	Basic Plan Info	ormation—enter all requested in	formation			_
1a Name	of plan				1b Three-digit	I
Threshol	.d, Inc. Fina	ıl 401(k) Plan			plan numbe (PN) ▶	er 003
					1c Effective da	•
					01/01/20	
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				dentification Number 1600797
	town, state or provin old,Inc.	ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)		telephone number
						2556 563 491-
703 Bro	adway Street	, Suite 103			524210	ode (see instructions) 46.45
Vancouv	er	WA 98661				M.B.M
		and address X Same as Plan Spo	nsor		3b Administrat	or's FIN
• a riama		and dedices Eg came do ham eps			7.000	
					3c Administrat	or's telephone number
		ne plan sponsor or the plan name h			4b EIN	
this pia a Sponso		onsor's name, EIN, the plan name	and the plan number from th	ie last return/report.	4d PN	
C Plan N					44 110	
5a Total r	number of participant	s at the beginning of the plan year.			5a	3
b Total n	number of participants	s at the end of the plan year		.,,	5b	0
		account balances as of the end of		'	5c	0
•	•	articipants at the beginning of the p		ı	5d(1)	3
		articipants at the end of the plan ye		ı	5d(2)	0
		o terminated employment during th			5e	0
		or incomplete filing of this retur			use is establishe	
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule
SIGN		ary Theyen	10/24/18	Mary Meyers		
HERE	Signature of plan	, ,	Date	Enter name of individ	ual signing as pla	n administrator
SIGN		rary Theners		Mary Meyers		
HERE	Signature of empl	avarialan ananaari	Data Marile	Enter name of individ	ual aigning as am	

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either line 6a or line 6b, the plan cannual	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	instead	nt (IQI d use	PA) Form	5500.	X Ye	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the							(See instr	ermined uctions.)
Pa	rt III Financial Information				<u> </u>				
7	Plan Assets and Liabilities	1 1	(a) Beginning o	f Year			(b) End	of Year	
a	Total plan assets	7a		328,1	.24				0
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		328,1	.24				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
a	Contributions received or receivable from:				0				
	(1) Employers	8a(1)	<u> </u>		0				
	(2) Participants	8a(2)	<u> </u>		-		* .	- 1	
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		3,5	30	<u> </u>			3,538
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		• "				. ta	3,550
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		331,1	42	·			
	Certain deemed and/or corrective distributions (see instructions)						**.\h.		
-j	Administrative service providers (salaries, fees, commissions)	. 8f		5	20				
<u> </u>		. 8g			i				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							331,662
-	Net income (loss) (subtract line 8h from line 8c)	<u> </u>							328,124
	Transfers to (from) the plan (see instructions)		-		\dashv		4		
<u>,</u>	rt IV Plan Characteristics	l ol	<u>L</u>					-	
9a		feature co	odes from the List of Pl	an Char	acteris	stic Co	des in the inst	ructions:	
	2A 2E 2F 2G 2J 2K 3D	ft	day from the List of Dis	n Chara	atoriat	io Cod	on in the inete	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	ieature cot	ues from the List of Fla	ii Gilai a	CIENSI	ic Cou	es in the mat	actions.	_
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		x			
	b Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions			Х		_	· · ·
	reported on line 10a.)			10b	37				
	C Was the plan covered by a fidelity bond?			10c	Х				20,000
•	d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all o	f the benefits under	10e		х			
	f Has the plan failed to provide any benefit when due under the plan	an?		10f		х			
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	-end.)	10g		Х			

Х

10h

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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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11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)	chedule S	B	Yes
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 sec ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		f	Yes
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. Month	ind enter		of the letter ruli Year
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		
	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)	12đ		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	No N
art	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		<u>'</u>
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?	ne		X Yes 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
				<u> </u>