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

2018

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/20	18	and ending 12	2/31/2018				
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac		_			
		a one-participant plan	a foreign plan						
B This ret	turn/report is	X the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	gram			
	_	special extension (enter descrip	,						
Part II	•	rmation—enter all requested info	rmation						
1a Name TEN-D ENE		ROFIT SHARING PLAN			1b Three-coplan nu (PN) ▶	mber 001			
					1c Effectiv	e date of plan 01/01/2018			
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Pov)			er Identification Number			
City o	r town, state or province	e, country, and ZIP or foreign postal		tructions)	(EIN) 81-2458231 2c Sponsor's telephone number				
TEND ENER	RGIES INC				425-362-8165				
8210 - 154T	H AVE. NE SUITE 130				2d Business code (see instructions)				
REDMOND,						339900			
3a Plan a	administrator's name an	d address X Same as Plan Spons	sor.		3b Adminis	strator's EIN			
		_			3c Adminis	strator's telephone number			
					3C Adminis	trator's telephone number			
4 If the	name and/or FIN of the	plan sponsor or the plan name has	changed since the last	return/report filed for	4b EIN				
this p	olan, enter the plan spor	nsor's name, EIN, the plan name an							
•	sor's name				4d PN				
C Plan I	vame								
5a Total	number of participants	at the beginning of the plan year			5a	9			
b Total	number of participants	at the end of the plan year			5b	8			
		account balances as of the end of th			5c	3			
d(1) To	tal number of active par	ticipants at the beginning of the plar	n year		5d(1)	9			
d(2) Total number of active participants at the end of the plan year			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0				
Caution:	A penalty for the late of	or incomplete filing of this return/	report will be assessed	d unless reasonable cau					
SB or Sch		ner penalties set forth in the instructi nd signed by an enrolled actuary, as plete.							
SIGN	Filed with authorized/	valid electronic signature.	05/09/2019	WEI YOU CUI		_			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN	Filed with authorized/	valid electronic signature.	05/09/2019	WEI YOU CUI					
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor			

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_	 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. 					X Yes No		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (see ERISA section 4021)?						Not determined . (See instructions.)		
Pa	rt III Financial Information		1					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a						20442
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c						20442
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b) -	Гotal
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	2	21392				
	(3) Others (including rollovers)	8a(3)		0				
<u>b</u>	Other income (loss)	8b		-950				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20442
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						20442
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 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Cod	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Code	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	10b		X		
С				10c		X		
d	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.)	ne or all of	the benefits under	10e	Х			145
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	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	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 '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	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 control of the PBGC?	the		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.)	n(s) to					
1	3c(1) Name of plan(s):	(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

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this list of participating employer information in accordance with the final return/report is This return/report is the first return/report the final return/report							
A This return/report is for: a one-participant plan a foreign plan B This return/report is	018 and ending 12/31/2018						
R This return/report is							
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: ☐ Form 5558 ☐ automatic extension ☐ DFVC program							
special extension (enter description)							
Part II Basic Plan Information—enter all requested information							
1a Name of plan 1b Three-digit							
Ten-D Energies, Inc. 401(k) Profit Sharing Plan	r ₀₀₁						
(PN) ▶							
1c Effective date 01/01/2018	te of plan						
	entification Number						
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	(EIN) 81-2458231						
TenD Energies Inc.							
(42	25) 362-8165						
	de (see instructions)						
8210 - 154th Ave. NE Suite 130							
Redmond, WA 98052							
3a Plan administrator's name and address	r's EIN						
	or's telephone number						
	r's telephone number						
	r's telephone number						
3c Administrator	r's telephone number						
3c Administrator 4 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	r's telephone number						
3c Administrator	r's telephone number						
3c Administrator If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	r's telephone number						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 3c Administrator 4b EIN 4d PN	r's telephone number						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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							
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8 3						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8 3 9						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8 3 9 8 0						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8 3 9 8 0						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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	9 8 3 9 8 0						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 b Total number of participants at the beginning of the plan year	9 8 3 9 8 0 I. oplicable, a Schedule f my knowledge and						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 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 b Total number of participants at the beginning 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. 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 ap 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 belief, it is true, correct, and complete. SIGN Wei You Cui	9 8 3 9 8 0 I. oplicable, a Schedule f my knowledge and						

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	D. No Not determined		
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a b Total plan liabilities 7b from line 7a) 7c C Net plan assets (subtract line 7b from line 7a) 7c 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) 21392 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 9b -950 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) End of Year 20442		
Part III Financial Information7 Plan Assets and Liabilities(a) Beginning of Yeara Total plan assets7ab Total plan liabilities7bc Net plan assets (subtract line 7b from line 7a)7c8 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)b Other income (loss)8b-950c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c	(b) End of Year 20442 20442		
7 Plan Assets and Liabilities 7a 7a 7b 7b 7b 7c 8 Income, Expenses, and Transfers for this Plan Year 8a(1) Employers 8a(1) 0 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20442		
a Total plan assets	20442		
b Total plan liabilities 7b from line 7a) 7c 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) 21392 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -950 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	20442		
C Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:			
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:			
a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 21392 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -950 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) Total		
(1) Employers 8a(1) 0 (2) Participants 8a(2) 21392 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -950 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c			
(3) Others (including rollovers)			
b Other income (loss) 8b -950 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			
d Benefits paid (including direct rollovers and insurance premiums	20442		
to provide benefits)			
e Certain deemed and/or corrective distributions (see instructions) 8e			
f Administrative service providers (salaries, fees, commissions) 8f			
g Other expenses			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	0		
i Net income (loss) (subtract line 8h from line 8c)	20442		
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 2E 2F 2G 2J 2T 3D	n 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:		
Part V Compliance Questions	_		
10 During the plan year:	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)			
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?	_		
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.)	145		
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)		В		Yes 🛛 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 of	f		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 instructions, and granting the waiver	d enter t Day		of the lette Year_	er ruling
lf :	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	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	×ν	lo
	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 >	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	B) PN(s)