_	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089		
D	rtment of the Treasury rnal Revenue Service epartment of Labor		led under sections 104 and 4065 of the Employee Retirement 4 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code) This Form is Open 1					
	enefits Security Administration enefit Guaranty Corporation	- Complete all entries in a	Revenue Code (the Cod	<sup>ie).</sup> tructions to the Form 5500-S	P	Public Inspection		
Part I	Annual Report	Identification Information			лг			
For calend		iscal plan year beginning 01/01/2	018	and ending 12/31/2	2018			
A This rea	turn/report is for:	blan (not multiemployer) (Filers mployer information in accord	-					
<b>B</b> This ret	urn/report is	a one-participant plan	a foreign plan					
		an amended return/report	a short plan year retu	rn/report (less than 12 months	;)			
C Check	box if filing under:	Form 5558	automatic extension		FVC program			
		special extension (enter descri	,					
Part II		prmation—enter all requested inf	ormation	46	Thursday it with			
1a Name SOUND & S		NC. 401(K) PROFIT SHARING PLA	AN .	di	Three-digit plan numbe (PN) ▶	r 001		
				1c	Effective da	te of plan		
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Box	2b	Employer Id	1/01/2003 entification Number		
City or	r town, state or province EA TECHNOLOGY, If	tructions) 2c	(EIN) 91-2135865 2c Sponsor's telephone number					
				24	-	-743-1282 de (see instructions)		
3507 SHELE	BY RD. D, WA 98087	20		41700				
	, WA 30007		OD, WA 98087					
<b>3a</b> Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	nsor.	3b	<b>3b</b> Administrator's EIN			
				3c	Administrato	r's telephone number		
4 If the	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last	return/report filed for 4b	4b EIN			
•	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	nd the plan number from		PN			
<b>c</b> Plan N								
5a Total	number of participants	at the beginning of the plan year			ia	52		
		at the end of the plan year			ib	43		
		account balances as of the end of t			ic	36		
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	an year		l(1)	37		
• •		articipants at the end of the plan yea			(2)	26		
than	100% vested	b terminated employment during the	• •		ie	0		
		or incomplete filing of this return ther penalties set forth in the instruct						
SB or Sche		nd signed by an enrolled actuary, a						
SIGN         Filed with authorized/valid electronic signature.         05/21/2019         JUDITH A MEGGITT								
HERE	Signature of plan a	administrator	Date	Enter name of individual si	gning as plan	administrator		
SIGN								
HERE	Signature of emplo		Date	Enter name of individual si	gning as emp			
For Paperw	ork Reduction Act Notio	ce, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027		

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year (b) End	d of Year						
а	Total plan assets	7a	3990542	3895979						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	3990542	3895979						

C Net plan assets (subtract line 7b from line 7a)	7c	3990542	3895979				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
a Contributions received or receivable from: (1) Employers	8a(1)	78020					
(2) Participants	8a(2)	229066					
(3) Others (including rollovers)	8a(3)	0					
<b>b</b> Other income (loss)	8b	-278280					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		28806				
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	122719					
e Certain deemed and/or corrective distributions (see instructions)	8e	0					
f Administrative service providers (salaries, fees, commissions)	8f	650					
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		123369				
i Net income (loss) (subtract line 8h from line 8c)	8i		-94563				
j Transfers to (from) the plan (see instructions)	···· 8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A $2E$ $2F$ $2G$ $2J$ $2K$ $3D$							

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	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)         10	a	×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond?   10	c X		400000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	x	
e	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.)	e X		8117
f	Has the plan failed to provide any benefit when due under the plan? 10	f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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	)i		

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PI	N(s)

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 4	065 of the Employee Reti	rement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	e/(b) and 6058(a) of the In e).	ternal Th	is Form is Open to	
Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the inst	uctions to the Form 5500	D-SF.	Public Inspection
Part I Annual Report	Identification Information				
or calendar plan year 2018 or fi			and ending 12/3	1/2018	
A This return/report is for:	🗙 a single-employer plan	list of participating en	an (not multiemployer) (Fil nployer information in acco	ers checking this rdance with the	s box must attach a form instructions.)
	a one-participant plan	a foreign plan			
3 This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mon	ths)	
Check box if filing under:				- 294 - 201	
Check box it hinty under.	U Form 5558	automatic extension	en e colta especia e contra en especia e contra e contra en especia e contra	DFVC program	
	special extension (enter desc				an e an
	ormation—enter all requested in	formation			the spec
<b>1a</b> Name of plan	NC. 401(K) PROFIT SHARING PL	A N1	1	b Three-digit plan numbe	r
JOIND & SEA TECHNOLOGT, T	NC. 401(K) PROFIL SHARING PL	AN	10 Mart 1	(PN)	001
			1	C Effective da	te of plan
9 Plan anonastia nome (amela		- 	and an a show was a		)1/01/2003
Mailing address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	Box	2		lentification Number
City or town, state or provinc	e, country, and ZIP or foreign post	tal code (if foreign, see insti	ructions)	(=)	91-2135865
JND & SEA TECHNOLOGY, IN	IC.			•	elephone number
				2d Business co	ode (see instructions
7 SHELBY RD. INWOOD, WA 98087	3507 SHE				541700
111100D, VIA 30007	LINNWO	OD, WA 98087			
a Plan administrator's name ar	nd address 🛛 Same as Plan Spor				
	address M Same as Plan Spol		n production and the second	3b Administrat	or's EIN
				BC Administrat	or's telephone numb
			· - 40 · · · ·		•
			18 - 18 - 18 18 - 18		
n.	1	and the second sec			<ul> <li>A statistical statistical</li> </ul>
If the name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for 4	b EIN	1 - 192
a Sponsor's name	nsor's name, EIN, the plan name a	and the plan number from the			Conternation of the Anton State of the Antonia of A
C Plan Name				Id PN	and the second second second second second
	A second and a second s				
a Total number of participants	at the beginning of the plan year.	e a Velezitaria Caser Acelezi	- Autor	5a	52
	at the end of the plan year			5b	43
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	
	rticipants at the beginning of the pl			5d(1)	
	rticipants at the end of the plan ye		A CONTRACT OF AN		37
e Number of participants who	terminated employment during the	al		5d(2)	26
than 100% vested				5e	(
aution: A penalty for the late	or incomplete filing of this returi	n/report will be assessed	unless reasonable cause	e is established	J
a of ochequie with completed a	her penalties set forth in the instruct nd signed by an enrolled actuary, a plete	ctions, I declare that I have as well as the electronic ver	examined this return/report	rt, including, if a	pplicable, a Schedule
	plete.			ind to the best o	or my knowledge and
SIGN Judith	10. Megyod	5/21/19	Judith A	Megaa	itt
IERE Signature of plan a	dministrator	Date	Enter name of individual		administrator
SIGN Judith	W. Bearith	5/21/19	Judith A		agitt
IERE Signature of emplo	ver/plan sponso	Date			
or Paperwork Reduction Act Notic	e, see the Instructions for Form 5500	)-SF.	Enter name of individual	signing as emp	loyer or plan sponsor Form 5500-SF (2018

000-01	(2010)	
v	.171027	

	<ul> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>in Ves in No independent qualified public accountant (IQPA)</li> <li>if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No</li> <li>in No in the Version of the PBGC premium filing for this plan year (See instructions.)</li> </ul>								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities	te dan se dan di	(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	3990542	3895979					
b	Total plan liabilities		0	0					
С	Net plan assets (subtract line 7b from line 7a)		3990542	3895979					
8	Income, Expenses, and Transfers for this Plan Year	New York	(a) Amount	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(1)	78020	delle sono della di sono sono seno seno seno seno seno seno					
şî.	(2) Participants		229066						

	(2) Participants	8a(2)	229066	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-278280	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Such and the second real	28806
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		122719	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	650	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		123369
i	Net income (loss) (subtract line 8h from line 8c)	8i	the constant for the second second	-94563
j	Transfers to (from) the plan (see instructions)	8j		an and the second second second second

## Part IV Plan Characteristics

9a	If the	plan	provid	les pe	nsion	bene	its, e	enter tl	he app	olicable	e pensio	on featur	e code	s from th	e List o	f Plan	Chara	cteristic	Codes	in the	instruct	tions:
	2A	2E	2F	2G	2J	2K	3D															

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:	Yes	No	Amount	
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		х	
с	Was the plan covered by a fidelity bond?	10c	х		400000
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		х	
e	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.)	10e	x		8117
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	5.00 March 100 M
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			a the second second

Form 5500-SF (2018)

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Hart Frank

Part	VI Pension Funding Compliance						
11							
	1 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)					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 of ERISA?	he Code or section 302				Yes	X No
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							
If 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 negative amount)	3	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		I/A
Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes		No	2
	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	)
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s): 13c(		:(2) EIN(s)		13c	(3) PN	l(s)