## 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

	art I		t Identification Information								
For	calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	/2018		and ending 1	2/31/2018				
Α	This ret	urn/report is for:	a single-employer plan			plan (not multiemployer) employer information in a		=			
ъ.	<b>.</b>		a one-participant plan	a fore	eign plan						
Б	i his retu	ırn/report is	the first return/report	the fir	al return/report	t					
			an amended return/report	a sho	rt plan year retu	urn/report (less than 12 m	nonths)				
С	Check b	oox if filing under:	Form 5558		natic extension		DFVC prog	yram			
			special extension (enter desc	cription)							
Pa	art II	Basic Plan Inf	ormation—enter all requested in	nformation							
	Name ( 01(K) RE	of plan ETIREMENT SAVING	GS PLAN				1b Three-coplan nu (PN) ▶	mber			
							1c Effective	e date of plan 01/01/2001			
2a			loyer, if for a single-employer plan)				<b>2b</b> Employe	er Identification Number			
			om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos		foreign, see ins	structions)	(EIN)	91-1695711			
INST	RUCTIO	ONAL TECHNOLOGI	IES INCORPORATED				<b>2c</b> Sponsor's telephone number 360-576-5976				
							2d Busines	ss code (see instructions)			
SUITI	E 110/2							541990			
		R, WA 98685									
3a	Plan ad	dministrator's name a	and address X Same as Plan Spo	onsor.			<b>3b</b> Adminis	trator's EIN			
							3c Adminis	strator's telephone number			
4			he plan sponsor or the plan name h				4b EIN				
а		an, enter the plan sp or's name	onsor's name, EIN, the plan name	and the pla	n number from	the last return/report.	<b>4d</b> PN				
	Plan N										
_			ts at the beginning of the plan year.				. 5a	26			
			is at the end of the plan year n account balances as of the end of				. 5b	28			
C			Taccount balances as of the end of			•	. 5c	28			
d	<b>(1)</b> Tota	al number of active p	articipants at the beginning of the p	olan year			5d(1)	22			
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			
			or incomplete filing of this retur								
SB	or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIG		Filed with authorize	d/valid electronic signature.	07	/12/2019	JAMES VOORHOES					
HEI	RE	Signature of plan	administrator	D	ate	Enter name of individ	dual signing as	plan administrator			
SIG		Filed with authorize	d/valid electronic signature.	07	//12/2019	JAMES VOORHOES					
HEI	KE	Signature of empl	loyer/plan sponsor	D	ate	Enter name of individ	dual signing as	employer or plan sponsor			

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								
	If you answered "No" to either line 6a or line 6b, the plan cann 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 th	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes N		etermined tructions.)
Pa	t III Financial Information	1	Ī						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
a	Total plan assets	7a	4	86874				64211	8
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	86874				64211	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(1	b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		86717		, ,			
	(2) Participants	8a(2)	1	19607					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		42517					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16380	7
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1653					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		6910					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						856	3	
ī	Net income (loss) (subtract line 8h from line 8c)					15524	4		
j	Transfers to (from) the plan (see instructions)	8i 8i							
Pai	t IV Plan Characteristics	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	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	oluntary F	iduciary Correction	40				Amount	
	Program)  Were there any nonexempt transactions with any party-in-interest			10a		X	+		
	reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	X			50	0000
d	by fraud or dishonesty?			10d		X			
e	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				1997		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X			6	5166
	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.)					
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 rulin granting the waiver 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 '	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	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information	religios with the filetractions to the Form of								
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018 and ending	12/31/2018							
A This return/report is for:	a multiple-emptoyer plan (not multiemploye a list of participating employer information in								
B This return/report is:	a foreign plan the final return/report								
an amended return/report	a short plan year return/report (less than 12	I months)							
an amended return report	a short plan year return report (less than 12	: mondis)							
C Check box if filling under: Form 5558  special extension (enter descri	automatic extension	DFVC program							
Part II Basic Plan Information enter all requested i	20100								
1a Name of plan	normanon	1b Three-digit							
ITI 401(k) RETIREMENT SAVINGS PLAN		plan number							
THE SATING THE TENNENT PERSONS THE		(PN) ▶ 001							
		1c Effective date of plan 01/01/2001							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.C. City or town, state or province, country, and ZIP or foreign posta		2b Employer Identification Number (EIN) 91-1695711							
INSTRUCTIONAL TECHNOLOGIES INCORPORATED	,	2c Sponsor's telephone number (360) 576-5976							
800 NE Tenney Road SUITE 110/235 US VANCOUVER WA 98685	SUITE 110/235								
3a Plan administrator's name and address X Same as Plan Spo	nsor	3b Administrator's EIN							
	30								
	3C Administrator's telephone number								
4 If the name and/or EIN of the plan sponsor or the plan name ha this plan, enter the plan sponsor's name, EIN, the plan name and		4b EIN							
a Sponsor's name	·	4d PN							
C Plan Name		2 2 4 A							
5a Total number of participants at the beginning of the plan year		5a 26							
b Total number of participants at the end of the plan year									
Number of participants with account balances as of the end of the complete this item)	e plan year (only defined contribution plans	5c 28							
d(1) Total number of active participants at the beginning of the plan	ı year	5d(1) 22							
d(2) Total number of active participants at the end of the plan year	***************************************	5d(2) 23							
e Number of participants who terminated employment during the pless than 100% vested	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 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.									
	1 3	hard as c							
		User hee?							
		dual signing as plan administrator							
SIGN	JAMES								
HERE Signature of employer/plan sponsor	Date Date Enter name of individ	dual signing as employer or plan sponsor							

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Page 2

	ere all of the plan's assets during the plan year invested in eligible	assets? (See	instructions.)	*******	*******	*****	=======================================	X Yes	□No
	e you claiming a waiver of the annual examination and report of a der 29 CFR 2520.104-46? (See instructions on waiver eligibility a				•			X Yes	□No
	you answered "No" to either line 6a or line 6b, the plan canno								
	the plan is a defined benefit plan, is it covered under the PBGC in							□ No □ Not	letermine
	"Yes" is checked, enter the My PAA confirmation number from the								
Part	III Financial Information	- 17 - LY-10				15	-	not be a	a di
7 Pla	an Assets and Liabilities		(a) Beginning o	f Yea	r	6	(1	o) End of Year	
a To	otal plan assets	7a	41	86,8	74	1		642	,118
<b>b</b> То	otal plan liabilities	7b							
C Ne	et plan assets (subtract line 7b from line 7a)	7c	40	86,8	74			642	,118
	come, Expenses, and Transfers for this Plan Year		(a) Amount	Sach	77.2	100		(b) Total	102
	ontributions received or receivable from:	0.40		06.7	4 7	1	300	-	
	Employers	8a(1)		96,7	_	-			
100	Participants	8a(2)	1.	19,6	0 /	- Complete			
	Others (including rollovers)	8a(3)				100			
	her income (loss)	8b	(42	2,51	.7}				
	ntal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	8c					-	163	,807
	provide benefits)	8d		1,6	53				
	ertain deemed and/or corrective distributions (see instructions)	8e				100		· · · · · · · · · · · · · · · · · · ·	
_	Iministrative service providers (salaries, fees, commissions)	8f	100	6,9	10	1000			1000
	her expenses	8g	10	100		1			-
	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		6		8	563
	et income (loss) (subtract line 8h from line 8c)	81							244
	ansfers to (from) the plan (see instructions)	81		_		1000			
Part		9		_		-		110	
				_					
ya ir ti	he plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2T 3D	ature codes f	rom the List of Plan Ch	naract	teristic	Code	es in the i	nstructions:	
						_			
blft	he plan provides welfare benefits, enter the applicable welfare fea	ture codes fro	om the List of Plan Cha	aracte	ristic	Code	s in the ins	structions:	
Dest	V Compliance Questions	500							
Part	T Complaince Questions			H				1202	
					Yes	No	N/A	Amount	
10 c	Ouring the plan year:	ons within the	time period		Yes	No	N/A	Amount	
10 c					Yes	No	N/A	Amount	
10 c a v	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	untary Fiduci	ary Correction	10a	Yes	No	N/A	Amount	
10 c a v d F b v	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo- Program)  Were there any nonexempt transactions with any party-in-interest?	untary Fiduci	ary Correctionde transactions	10a	Yes	x	N/A	Amount	
10 c a v d F b v	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)	untary Fiduci	ary Correction  Ide transactions	10a	Yes		N/A	Amount	
10 c a v d F b v	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo- Program)  Were there any nonexempt transactions with any party-in-interest?	untary Fiduci	ary Correction  Ide transactions		Yes	x	N/A		00,000
10 c a v d F b v c v	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)	Untary Fiduci	ary Correction  ide transactions  hat was caused	10b		x	N/A		00,000
a v d d F b v r d E b b c v c	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)  Was the plan covered by a fidelity bond?	(Do not included in the last of the last o	ary Correction  Ide transactions  hat was caused  an insurance benefits under	10b 10c	×	x	N/A		
a V d F b V n c V d e V c tit	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)  Was the plan covered by a fidelity bond?  Oid the plan have a loss, whether or not reimbursed by the plan's fay fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some the plan? (See instructions.)	(Do not included in the includ	ary Correction  Ide transactions  hat was caused  an insurance benefits under	10b 10c 10d	×	x	N/A		
a v d d F b v m C v d E b b c t f H	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)  Was the plan covered by a fidelity bond?  Oid the plan have a loss, whether or not reimbursed by the plan's for fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some	(Do not included in persons by a or all of the large.)	ary Correction  Ide transactions  hat was caused  an insurance benefits under	10b 10c 10d	x	x	NIA		1,997
a v d f b v d c v d c v d f f h H	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)  Was the plan covered by a fidelity bond?  Oid the plan have a loss, whether or not reimbursed by the plan's fay fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as It this is an individual account plan, was there a blackout period? (See Instructions)	intary Fiduci	ary Correction  Ide transactions  hat was caused  an insurance benefits under  ns and 29 CFR	10b 10c 10d 10e 10f 10g	x	x	NIA		1,997
10	Ouring the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest? eported on line 10a.)  Was the plan covered by a fidelity bond?  Oid the plan have a loss, whether or not reimbursed by the plan's fay fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	(Do not included idelity bond, to persons by a or all of the left)	ary Correction  ide transactions  that was caused  an insurance benefits under	10b 10c 10d 10e 10f	x	x	NIA		00,000 1,997 65,166

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344ngne							
Par	tVI 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)	hedule	SB		Yes	X I	No
	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?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	X I	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar	td opto	the date	of the 1	otton	n ellinom	
-	granting the waiver Month	_ Di		Yea		uling	
If	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			100			
Ь	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	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					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
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 I	Vo.	
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	3c(1) Name of plan(s): 13c(2) El	N(s)		130	(3) P	N(s)	
	=		R				