Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089				
Inter	nal Revenue Service	This form is required to be filed u				2018				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.					
Part I		dentification Information	0	and anding 11	0/04/0040					
For calenda	ar pian year 2016 of its	cal plan year beginning 01/01/201			2/31/2018 Filora abaal	ving this hav must attach a				
A This ret	urn/report is for:	a single-employer plan	list of participating em			king this box must attach a with the form instructions.)				
B This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report	venert (less than 12 m	antha)					
		an amended return/report	a short plan year return	n/report (less than 12 m	ontns)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descript								
Part II		mation—enter all requested infor	mation							
1a Name PLEXSYS IN	•	S, INC. 401(K) PROFIT SHARING I	PLAN FOR UNION EMP	LOYEES	1b Thre plan (PN)	number				
					()	tive date of plan 11/01/2015				
	ponsor's name (employ g address (include roon		2b Employer Identification Number (EIN) 93-0919351							
	town, state or province	ructions)	2c Sponsor's telephone number 360-838-2500							
						2d Business code (see instructions)				
	00 NW CAMAS MEADOWS DRIVE MAS, WA 98607				541519					
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Sponso	or.		3b Administrator's EIN					
						nistrator's telephone number				
		plan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN					
•	or's name				4d PN					
5a Total r	number of participants	at the beginning of the plan year			5a	17				
		at the end of the plan year			5b	18				
compl	ete this item)	account balances as of the end of the		·	5c	18				
		ticipants at the beginning of the plan			5d(1)	17				
		ticipants at the end of the plan year terminated employment during the p			5d(2)	16				
than	100% vested				5e	0				
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	ons, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN		valid electronic signature.	08/20/2019	JOE DOUBRAVA						
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN										
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				

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6a			,	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			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	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this plan year	(See instructions.)				
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	423251	580513				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	423251	580513				
8	Income Expanses, and Transfers for this Plan Vear		(a) Amount	(b) Total				

8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		42216				
	(2) Participants	8a(2)	16	60759				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-4	40472				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					162503	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1499				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		3742				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5241	
i	Net income (loss) (subtract line 8h from line 8c)	8i					157262	
j	Transfers to (from) the plan (see instructions)	8j						
Par	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ $3H$	feature co	odes from the List of Pla	an Chai	racteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les 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 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.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	Х		100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.).	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
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? (See instructions and 29 CFR 2520.101-3.)	10h	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	10i	Х	

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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		ing
lf	you o	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	X 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	13c(1) Name of plan(s): 13c(2) E					13	:(3) PN	۱(s)

Fo	rm 5500-SF	Short Form Annu	al Return/Repor	t of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089			
	artment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee Ba	tiromont		2018			
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Fo	orm is Open to c Inspection			
0.0000000000000000000000000000000000000	Benefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	00-SF.		emspection			
Part I		Identification Information								
For calend	dar plan year 2018 or t	iscal plan year beginning	01/01/2018	and ending		31/2018				
A This re	eturn/report is for:	X a single-employer plan ☐ a one-participant plan		olan (not multiemployer) (F mployer information in acc						
B This ret	turn/report is	the first return/report	the final return/report							
		an amended return/report								
				mireport (less than 12 mc	ontris)					
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC pr	ogram				
		special extension (enter desci								
Part II		ormation-enter all requested in	formation							
1a Name PLEXSY	· · · · ·	roducts, Inc. 401(k)	Profit		1b Three plan r	e-digit number				
		ion Employees	120120		(PN)	•	003			
						tive date of				
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						loyer Identification Number			
PLEXSY	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLEXSYS Interface Products, Inc.						one number			
4000 N	W Come o Mondo	During					ee instructions)			
Camas	W Camas Meado	ws Drive	WZ	98607	E 4 1	E10				
Contraction of the	administrator's name a	nd address 🛛 Same as Plan Spor	2029		541.		161			
	autilitistrator s harrie a	nu audress A Same as Flan Spor	1501.		JD Admir	histrator's E	IN			
					3c Admir	histrator's te	elephone 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 EIN					
	sor's name	onsor's name, EIN, the plan name a	ind the plan number from		4d PN					
C Plan N										
		at the beginning of the plan year			5a		17			
b Total	number of participants	at the end of the plan year			5b		18			
		account balances as of the end of			5c		18			
d(1) Tot	al number of active pa	inticipants at the beginning of the pla	an year		5d(1)		17			
		articipants at the end of the plan year			5d(2)		16			
e Numb	per of participants who	terminated employment during the	plan year with accrued b	enefits that were less	5e					
than Coution: A	100% vested	an in complete filling of this set					0			
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a plete	tions. I declare that I have	examined this return/rep	ort includin	g if applica	ble, a Schedule knowledge and			
SIGN			8/20/19	JOE DOUBRAVA						
HERE	Signature of plan a	Doubre	0/20/17		al alors to a					
0101	Signature of plan a	ummstrator	Date /	Enter name of individua	ai signing a	s plan admi	inistrator			
SIGN	Signature of emplo	over/plan sponsor	Date	Enter name of individua	al signing a	s employer	or plan sponsor			

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	We what the second s		- 10-02	-			227		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					XY	es 🗌 No
b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public a	account	tant (IC	QPA)		XY	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and conditi	ons.) m 5500-SF and mus	t insto	ad use	Eorm 55	00		es 🗌 No
с	If the plan is a defined benefit plan, is it covered under the PBGC in] Not de	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the							_	ructions.)
			ermann ming for this p	nan yee			······································	000 1113	indetions.)
Pa	rt III Financial Information								
_7	Plan Assets and Liabilities		(a) Beginning				(b) End of		
a	Total plan assets	7a		423,	251				580,513
b		7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		423,	251				580,513
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	8a(1)		42,	216				
	(2) Participants	8a(2)		160,	759				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-40,	472	61-			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-84			162,503
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,	499				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		3,	742				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5,241
i	Net income (loss) (subtract line 8h from line 8c)	8i						:	157,262
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature coo	les from the List of PI	an Cha	racteri	stic Codes	s in the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acteris	tic Codes	in the instruct	ions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Am	ount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	clude transactions	10a		X		10142-04	
c				10c	х			1.(000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	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.)	er persons or all of the	by an insurance he benefits under	10e		x			
f				10e		X			
g				10g	-	x		- <u>* 0112</u>	
h			STATE AND A DESCRIPTION OF A DESCRIPTION	ing					

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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)	edule S	B		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 or section ERISA?	n 302 o	f		Yes	X No
	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	i enter Da		of the let Year		ng
lf	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				22
	Enter the amount contributed by the employer to the plan for this plan year	12c		115		
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				5
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	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			152	
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	
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) El				3) PN	(s)