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**

	ort Identification Information									
For calendar plan year 2018 o	For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 10/04/2019									
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
·	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	X the final return/report								
	an amended return/report	X a short plan year retu	rn/report (less than 12 mo	onths)						
C Check box if filing under:	Form 5558	automatic extension		DFVC progr	am					
	special extension (enter desc	ription)								
Part II Basic Plan In	nformation—enter all requested in	formation								
1a Name of plan	·			1b Three-dig	nit					
WILDTANGENT 401(K) PLAN				plan num (PN) ▶						
				1c Effective						
					01/01/2002					
	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.C	D. Box)		2b Employer (EIN)	Identification Number 91-1906058					
	rince, country, and ZIP or foreign post		tructions)	. ,						
WILDTANGENT, INC.					s telephone number 25-497-4500					
				2d Business	code (see instructions)					
800 BELLEVUE WAY NE SUITE 500					541519					
BELLEVUE, WA 98004										
3a Plan administrator's name	e and address X Same as Plan Spo	nsor.		3b Administr	ator's EIN					
				3c Administr	ator's telephone number					
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last i	return/report filed for	4b EIN						
this plan, enter the plan s a Sponsor's name	sponsor's name, EIN, the plan name a	and the plan number from t	the last return/report.	4d PN						
C Plan Name				TU FIN						
5a Total number of participal	nts at the beginning of the plan year.		<u> </u>	5a	73					
	nts at the end of the plan year			5b	0					
	ith account balances as of the end of			5c	0					
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)	31					
• •	participants at the end of the plan ye			5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0					
	te or incomplete filing of this retur									
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.										
SIGN Filed with authoriz	zed/valid electronic signature.	11/14/2019	AMY THOMAS	S						
HERE Signature of pla	n administrator	Date	Enter name of individu	ual signing as p	lan administrator					
SIGN										
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individu	ndividual signing as employer or plan sponsor						

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 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 Total plan assets 7a 5211281 b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 7c 5211281 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants 8a(2) 136377 (3) Others (including rollovers) 8b 791433	······					
Part III Financial Information7 Plan Assets and Liabilities(a) Beginning of Yeara Total plan assets7a5211281b Total plan liabilities7b7cc Net plan assets (subtract line 7b from line 7a)7c52112818 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)136377(3) Others (including rollovers)8a(3)b Other income (loss)8b791433						
7 Plan Assets and Liabilities a Total plan assets	. (See instructions.)					
7 Plan Assets and Liabilities a Total plan assets						
a Total plan assets 7a 5211281 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 5211281 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 136377 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 791433	(b) End of Year					
C Net plan assets (subtract line 7b from line 7a)	0					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:						
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b	0					
(1) Employers 8a(1) (2) Participants 8a(2) 136377 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 791433	(b) Total					
(3) Others (including rollovers)						
b Other income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	927810					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions) 8e						
f Administrative service providers (salaries, fees, commissions) 8f 8790						
g Other expenses 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	6139091					
i Net income (loss) (subtract line 8h from line 8c)	-5211281					
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 2E 2F 2G 2J 2S 2T 3D	Codes in the instructions:					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic C	odes in the instructions:					
Part V Compliance Questions						
10 During the plan year: Yes No	o 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?	1000000					
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.)						
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.)	0					
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 (Form 5500) and line 11a below)		SB	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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling 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?		X 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		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.)	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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		t Identification Information)						
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2019	and ending	10/04/	2019			
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
R This rot	turn/report is			,					
D IIIIS ICI	turrireport is	the first return/report	X 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	n			
Dort II	Denis Dies les	special extension (enter desc							
Part II 1a Name		ormation—enter all requested in	formation		141				
	ngent 401(k)	Plan			1b Three-digit plan number (PN) ▶				
0 - 5'					1c Effective da 01/01/2	2002			
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posi	O. Box)		2b Employer to (EIN)91-1	lentification Number .906058			
WildTa	ngent, Inc.	ice, country, and zir or loreign pos	tai code (ii foreign, see insti	ructions)	2c Sponsor's telephone number (425) 497-4500				
900 Bo	llormo Morr M	7				ode (see instructions)			
Suite	llevue Way NI 500	5							
Bellev	ue		WA	98004	541519				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.				3b Administrator's EIN					
3c Administrator's telephone number									
4 If the this pl	name and/or EIN of ti lan, enter the plan sp	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	as changed since the last re and the plan number from the	eturn/report filed for ne last return/report.	4b EIN				
	or's name			·	4d PN				
5a Total	number of participant	s at the beginning of the plan year	•••••		5a	73			
		s at the end of the plan year			5b	0			
C Numb comp	er of participants with lete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year		5d(1)	31			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ar	****	5d(2)				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				0					
Under per	a penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established	l			
SB or Sche	edule MB completed a true, correct, and con	ther penalties set forth in the instruction and signed by an enrolled actuary, and the control of the control o	ctions, I declare that I have as well as the electronic ver	examined this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule f my knowledge and			
SIGN HERE	amy	momas)	1.12	Amy Thomas					
IIENE	Signature of plan	administrator	Date///4//9	Enter name of individ	lual signing as plan	administrator			
SIGN HERE	Cimpotory of and		D-4-	P					
		oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor			

⊃a	a	e	2

_	Were all of the plan's assets during the plan year invested in eligib						X Yes No
Ŋ	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 canr						
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 \ensuremath{If}	ne PBGC p	remium filing for this p	lan yea	r		. (See instructions.)
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
а	Total plan assets	7a		211,			0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	5,	211,	281		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)					
-	(2) Participants	8a(2)		136,	3.7.7		
	(3) Others (including rollovers).	8a(3)		701	422		
	Other income (loss)			791,	433		005 010
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		927,810
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6,	130,	301		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		8,	790		
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,139,091
i	i Net income (loss) (subtract line 8h from line 8c)						-5,211,281
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2S 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Char	acteris	tic Cod	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary F	iduciary Correction	10a		Х	
b		t? (Do not	include transactions	10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of vear-e	end.)	10g	Х		0
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g	**	X	0
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i		21	

		Form 5500-SF (2018) Page 3-				
Part	VI	Pension Funding Compliance				
11	is t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc orm 5500) and line 11a below)	hedule S	3B		res 🗵 No
11a	Ε'n	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				
12	ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412 of the Cod	on 302 c	ıf		∕es ☒ No
a	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar nting the waiver	d enter Da		the lette Year	r ruling
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	er the minimum required contribution for this plan year	12b			
		er the amount contributed by the employer to the plan for this plan year	12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a pative amount)	12d			
е		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	Ha	s a resolution to terminate the plan been adopted in any plan year?		X Yes	Пи	0
		Yes," enter the amount of any plan assets that reverted to the employer this year				(
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the strol of the PBGC?		X	Yes [No
С	lf, c	furing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):