Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-01 1210-00				
	rtment of the Treasury nal Revenue Service	This form is required to be filed u		4065 of the Employee R	etireme	nt	2014			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		57(b) and 6058(a) of the		This F	Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	ructions to the Form 5	500-SF.		lic Inspection			
Part I		dentification Information		and and in a dia	124/204	4				
For calend	ar plan year 2014 or fisc 		7		<u>/31/201</u> (Eilora (w must attach a list			
	urn/report is for: urn/report is	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must at of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan 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	DFVC progra	am						
Part II	Basic Plan Infor	mation—enter all requested inforr	mation							
1a Name			nation			Three-digit plan number (PN) ▶	001			
			1c	Effective date c	f plan 1/2004					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) YACHTMASTERS NORTHWEST, L.L.C.						Employer Identification Number (EIN) 20-0938510				
1341 N. NORTHLAKE WAY 1						2c Sponsor's telephone number 206-285-3460				
SEATTLE, WA 98103						2d Business code (see instructions) 441222				
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN					
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 										
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN				
·		t the beginning of the plan year					17			
b Total	number of participants a	t the end of the plan year					16			
		ccount balances as of the end of the			5c	;	11			
		cipants at the beginning of the plan	-		5d(1)	15			
		cipants at the end of the plan year			5d(2	2)	14			
		minated employment during the plar			5e	•	0			
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/re for penalties set forth in the instruction d signed by an enrolled actuary, as we dete.	ns, I declare that I have	examined this return/re	port, inc	luding, if applic				
SIGN		alid electronic signature.	06/08/2015	GREG ALLEN						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sigr	ning as plan adı	ministrator			
SIGN HERE										
	Signature of employ		Date	Enter name of individ						
Preparer's	name (including firm na	me, if applicable) and address (inclu	uue room or suite numbe	er) (optional)	Prepa	iter s telephone	number (optional)			

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
c	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
	t III Financial Information			,21):		103			milicu		
							4 \ F +				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End o	Year 8240	80		
		tal plan assets									
	Total plan liabilities				8240	80					
	Net plan assets (subtract line 7b from line 7a)	7c	7127	00			<i>4</i> \ -		00		
	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from:										
a	(1) Employers	8a(1)	46	625							
	(2) Participants	8a(2)	529	923							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	589	960							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1165	08		
	Benefits paid (including direct rollovers and insurance premiums			0.4							
	to provide benefits)	8d	51	84							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	er expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						51			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						1113	24		
	j Transfers to (from) the plan (see instructions)										
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Plan Chara	acteri	stic Co	odes in	the instructi	ons:			
b			log from the List of Plan Charge	otoriot	in Cor	loo in t	ha inatruatio				
D	If the plan provides welfare benefits, enter the applicable welfare fe			clensi		Jes III l		15.			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	A	mount			
a	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x					
С	Was the plan covered by a fidelity bond?			10c	х				82409		
d	· · · · · · · · · · · · · · · · · · ·			10d		х					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tua		~					
c	insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the plan					х					
		10f									
b				10g		Х					
<u> </u>	If this is an individual account plan, was there a blackout period? (2520.101-3.)	10h		X							
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•				Yes	No		
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				ERISA?	Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2. 00							
			/				n data af th	1	P		

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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		
C 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	control		Yes 🗙 No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	0-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the T Internal Revenue S		This form is required to be file		065 of the Employee Re	tirement	2014			
Department of La Employee Benefits Security		Income Security Act of 1974		7(b) and 6058(a) of the I		This Form is Open to			
Pension Benefit Guaranty		Complete all entries in			00-SE	Public Inspection			
Part Annua	Report	dentification Information	accordance with the instr	uctions to the Ponn 35	00-91.				
			/2014	and ending 12	2/31/2014				
A This retum/report is B This return/report is C Check box if filing Part II Basic I	is for: s under:	 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter descontation—enter all requested in 	of participating employ a foreign plan the final return/report a short plan year return automatic extension ription)	an (not multiemployer) (f yer information in accord n/report (less than 12 mo	ance with tr onths)	-VC program			
1a Name of plan					1b Three				
ACHTMASTERS NO	RTHWEST 4	01(k) PLAN			plan (PN)	number 001			
				ŀ		tive date of plan			
						1/2004			
2a Plan sponsor's na ACHTMASTERS NO		ress; include room or suite numb L.C.	per (employer, if for a single-	employer plan)		oyer Identification Number 20-0938510			
					,	sor's telephone number			
341 N. NORTHLAKE	WAY 1				(206) 285-3460 2d Business code (see instructions)				
EATTLE, WA 98103					441222				
	or's name and	l address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
A If the name and/				or this plan, enter the					
name, EIN, and		plan sponsor has changed since ber from the last return/report.		or this plan, enter the	4b EIN				
name, EIN, and a Sponsor's name	the plan num	ber from the last return/report.	the last return/report filed for		4b EIN 4c PN	nistrator's telephone number			
name, EIN, and a Sponsor's name 5a Total number of	the plan num	ber from the last return/report.	the last return/report filed for		4b EIN 4c PN 5a	nistrator's telephone number			
name, EIN, and a Sponsor's name 5a Total number of b Total number of	the plan num participants a participants a	ber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for		4b EIN 4c PN 5a 5b	nistrator's telephone number 17 16			
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name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this iter d(1) Total number d(2) Total number e Number of partici less than 100% v	the plan num participants a participants a cipants with a m) of active part of active part pants that ter rested	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the p ticipants at the end of the plan ye minated employment during the	the last return/report filed for the plan year (defined bench plan year plan year with accrued benc	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	nistrator's telephone number 17 16 11 15 14 0			
name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this iter d(1) Total number e Number of partici less than 100% v Caution: A penalty f Under penalties of pe SB or Schedule MB c	the plan num participants a participants a cipants with a m) of active part of active part pants that ter rested	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the p ticipants at the end of the plan ye minated employment during the r incomplete filing of this return er penalties set forth in the instru- d signed by an enrolled actuary,	the last return/report filed for the plan year (defined benchar plan year	efit plans do not efits that were unless reasonable cau examined this return/rep	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sse is estate 5ort, including	nistrator's telephone number 17 16 11 15 14 0 blished. ng, if applicable, a Schedule			
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name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this iter d(1) Total number d(2) Total number e Number of particil less than 100% v Caution: A penalty f Under penalties of pe SB or Schedule MB of belief, it is true, compa- sign HERE Signature	the plan num participants a participants a sipants with a m) of active part of active part pants that ter rested for the late of crypry and oth completed an ct, and comp	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan ticipants at the end of the plan year minated employment during the r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, lete.	the last return/report filed for the plan year (defined bene plan year	efit plans do not efits that were unless reasonable cau examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate port, including, and to the (nistrator's telephone number 17 16 11 15 14 0 blished. ng, if applicable, a Schedule best of my knowledge and			
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name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this iter d(1) Total number d(2) Total number e Number of partici less than 100% v Caution: A penalty f Under penalties of pe SB or Schedule MB or belief, it is true, correct SIGN HERE Signatur Signatur	the plan num participants a participants a sipants with a m) of active part of active part pants that ter rested for the late o priury and oth completed an ct, and comp re of plan ac	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan ticipants at the end of the plan year minated employment during the r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, lete.	the last return/report filed for the plan year (defined bencher plan year	efit plans do not efits that were unless reasonable cau examined this return/report x J Caceto A L Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estate ort, including and to the CLETCO ual signing	nistrator's telephone number 17 16 11 15 14 0 blished. ng, if applicable, a Schedule best of my knowledge and as plan administrator			

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-	Were all of the plan's assets during the plan year invested in eligible 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditio	dent qualified public accounta	nt (IQ	PA)			X		No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	21)? .		Yes	[]No [] Not	deterr	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	par	
a	Total plan assets	7a	71276	5				8	24089	
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	71276	5				8	24089	
8	Income, Expenses, and Transfers for this Plan Year	(19) a.)	(a) Amount				(b) ⁻	Fotal		
a	Contributions received or receivable from: (1) Employers	8a(1)	4625	5			1.5			<u>(</u> 1991)
	(2) Participants	8a(2)	52923	3	144.41	N	18.5			
	(3) Others (including rollovers)	8a(3)				25				
b	Other income (loss)	8b	58960)	14	213				/
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	5184					1	16508	(v ¹ 93
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		+	-					
	Administrative service providers (salaries, fees, commissions)	8e			-					
	Other expenses	8f 8g			6					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				5184	
- <u></u> i	Net income (loss) (subtract line 8h from line 8c)	8i			+			1	11324	
j	Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions)								1102-1	125
Da	t IV Plan Characteristics	9								
at a property of the	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								:	
	· · · · · · · · · · · · · · · · · · ·									
Par					V					
10	During the plan year: Was there a failure to transmit to the plan any participant contribution	tione within	the time period described in		Yes	No		Amo	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x				
с	Was the plan covered by a fidelity bond?	•••••		10c	х					82409
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	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.)					х		1	55	21 <u>3</u> 4
i	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									
Part	VI Pension Funding Compliance								_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ection :	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		the le Yea		ling

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lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and	d sk	ip to lin	e 13.							
	Enter the minimum required contribution for this plan year					12	5					
C	Enter the amount contributed by the employer to the plan for this plan year					120	;]					
e	Will the minimum funding amount reported on line 12d be met by the funding						ſ	Yes		No	ΠΝ	√A
Part											<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?						Y	es X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer th					. 13a				·		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another	pla	n, or bro	ught under the	contro	bi			 Ye	s 🛛	No
с	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)											
1	3c(1) Name of plan(s):		-			13c(2)	EIN	V(s)		13c(3	3) PN	(s)
Part	VIII Trust Information (optional)				I							
14a N	lame of trust					14b	Tru	ust's Ell	N			