## 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

2014

This Form is Open to Public Inspection

Part I	Annuai Repoi	rt identification information	<u> </u>							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014					
A This return/report is for:  a multiple-employer plan a multiple-employer plan (not multiemployer of participating employer information in account of participating employer plan a multiple-employer plan (not multiemployer plan of participating employer plan of participating employer plan a multiple-employer plan (not multiemployer plan of participating employer plan of partici						· ·				
		a one-participant plan	a foreign plan							
<b>B</b> This re	turn/report is	the first return/report	the final return/repor	t						
	·	an amended return/report	a short plan year ret	urn/report (less than 12 me	months)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pro	ogram				
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	formation—enter all requested in	nformation							
1a Name		N.			1b Three-digit	_				
VENTRIPO	PINT, INC.401(K) PLA	ıN			plan numbe (PN) ▶	001				
					1c Effective da	•				
<b>3</b> 0 Disc		- d de	(	la accellance elect	_	4/30/2010				
Za Plan s VENTRIPO		address; include room or suite numl	per (employer, if for a singl	le-employer plan)	<b>2b</b> Employer Identification Number (EIN) 20-2124303					
4005 400 <b>T</b> !	LDI 405 NE 075 40				2c Sponsor's to	elephone number 6-283-0221				
	I PLACE NE, STE 10 , WA 98005	1			2d Business code (see instructions)					
					621510					
3a Plan	administrator's name	and address Same as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN				
					<b>3c</b> Administrate	or's telephone number				
		the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	e, Eliv, and the plan h sor's name	number from the last return/report.			4c PN					
		ts at the beginning of the plan year			5a					
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	g				
	ber of participants wit	h account balances as of the end o	f the plan year (defined be		5c	5				
	,	participants at the beginning of the p			5d(1)	6				
<b>d(2)</b> To	otal number of active p	participants at the end of the plan ye	ear		5d(2)					
		terminated employment during the	. ,		5e	(				
		e or incomplete filing of this retu			ıse is estahlished					
Under per	nalties of perjury and	other penalties set forth in the instru	uctions, I declare that I hav	re examined this return/rep	oort, including, if ap	plicable, a Schedule				
	nedule MB completed true, correct, and con	and signed by an enrolled actuary, mplete.	as well as the electronic v	ersion of this return/report	t, and to the best of	my knowledge and				
SIGN		d/valid electronic signature.	07/15/2015	ELLEN BRIANT						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator				
SIGN										
HERE		loyer/plan sponsor	Date	Enter name of individ						
Preparer's	s name (including firm	name, if applicable) and address (	include room or suite num	ber ) (optional)	Preparer's teleph	one number (optional)				

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No			
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No L	Not dete	rmined		
Par					-						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End c		756		
	Total plan assets	7a 7b	70-	140					700		
	Net plan assets (subtract line 7b from line 7a)	70 7c	734	148			37756				
	Income, Expenses, and Transfers for this Plan Year	· ` ` ` ` · · · · · · · · · · · · · · ·					(b) To	otal			
	Contributions received or receivable from:		(a) ranount				(3) 13				
	(1) Employers	8a(1)	4	154							
	(2) Participants	8a(2)	14	151							
	(3) Others (including rollovers)	8a(3)	a a	665							
	Other income (loss)	8b		000				2	116		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							110		
	to provide benefits)	8d	376	803							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2	205							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							808		
	let income (loss) (subtract line 8h from line 8c)							-35	692		
Par	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F										
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	iciary Cor	rection Program)	10a		X					
	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	X				500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
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 ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ					
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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No		
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA?	Ye	s X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling		

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

	Annual Report	Identification Information							
For calend	lar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31/201	4			
△ This re	eturn/report is for:	X a single-employer plan			(Filers checking this bordance with the form ins				
74 1111310	turm oport is for.	dance with the form ins	iti dettoris)						
B This ret	turn/report is	a one-participant plan the first return/report	a foreign plan the final return/report						
		rn/report (less than 12 r	nonths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
	· ·	special extension (enter descri	ption)						
Part II		rmation—enter all requested info	ormation		145	I			
1a Name	of plan POINT, INC.401	(V) DIAM			1b Three-digit plan number	0.01			
VENIRI	POINI, INC.401	(K) PLAN			plan number   001 (PN)				
					1c Effective date of plan				
					04/30/2010				
	ponsor's name and add	dress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b Employer Identif				
24 POV	STREET, SUITE	1305 136Th	PL NE, SU	101 sti	2c Sponsor's telephone number				
		96005			206-823-02				
SEATTL	evue	WA 98109	)		2d Business code (	see instructions)			
		d address XSame as Plan Sponso	or.		3b Administrator's E	EIN			
					3c Administrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b EIN				
	, EIN, and the plan num or's name	nber from the last return/report.			4c PN				
		at the beginning of the plan year							
						11			
			b Total number of participants at the end of the plan year						
		C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5b	11			
d(1) Tota	al number of active part				5c				
( - /	ai number of active part	ticipants at the beginning of the pla			5c	9			
			n year		5c 5d(1)	9			
d(2) Tota e Numbe	al number of active parter of participants that ter	ticipants at the beginning of the pla ticipants at the end of the plan year rminated employment during the pla	n year	efits that were	5c	9 5 6 4			
d(2) Tota e Numbe less th	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the pla ticipants at the end of the plan year rminated employment during the pla	n year an year with accrued bene	efits that were	5c 5d(1) 5d(2) 5e	9 5 6			
d(2) Tota e Numbe less the Caution: A	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan or incomplete filing of this return/	n yearan year with accrued bene	efits that were	5c 5d(1) 5d(2) 5e use is established.	9 5 6 4 0			
d(2) Tota e Numbe less the Caution: A Under pena	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the pla ticipants at the end of the plan year rminated employment during the pla	an year with accrued bene-	efits that were  unless reasonable ca examined this return/re	5c 5d(1) 5d(2) 5e use is established. eport, including, if applica	9 5 6 4 0 able, a Schedule			
e Number less the Caution: A Under pena SB or Sche	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan transport incomplete filing of this return/ er penalties set forth in the instruction of signed by an enrolled actuary, as	an year with accrued bene-	efits that were  unless reasonable ca examined this return/repor	5c 5d(1) 5d(2) 5e use is established. eport, including, if applica	9 5 6 4 0 able, a Schedule			
e Number less the Caution: A Under pena SB or Schebelief, it is the SIGN	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan transport incomplete filing of this return/ er penalties set forth in the instruction of signed by an enrolled actuary, as	an year with accrued bene-	efits that were  unless reasonable ca examined this return/re	5c 5d(1) 5d(2) 5e use is established. eport, including, if applica	9 5 6 4 0 able, a Schedule			
d(2) Tota e Numbe less th  Caution: A  Under pena SB or Sche belief, it is t	al number of active parter of participants that ter an 100% vested	ticipants at the beginning of the planticipants at the end of the plan year rminated employment during the planticipants are incomplete filing of this return/er penalties set forth in the instruction of the planticipant in the pl	an year with accrued bene- freport will be assessed ions, I declare that I have well as the electronic ver	efits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. eport, including, if applica	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Tota e Number less the Caution: A Under pena SB or Sche belief, it is to SIGN HERE	al number of active parter of participants that ter an 100% vested  A penalty for the late of perjury and other in the penalty for the late of perjury and other in the penalty and completed and the penalty and complete in the penalty and	ticipants at the beginning of the planticipants at the end of the plan year rminated employment during the planticipants are incomplete filing of this return/er penalties set forth in the instruction of the planticipant in the pl	an year with accrued beneficially as the electronic ver	efits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
e Number less the Caution: A Under pena SB or Schebelief, it is the SIGN	al number of active parter of participants that ter an 100% vested  a penalty for the late of alties of perjury and otherwise MB completed and true, correct, and complete and true, correct, and complete and comple	ticipants at the beginning of the plan year ticipants at the end of the plan year rminated employment during the plan year incomplete filing of this return/er penalties set forth in the instruction disigned by an enrolled actuary, as lete.	an year with accrued beneficially assessed ions, I declare that I have is well as the electronic veri	efits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. eport, including, if applicat, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Total e Number less the l	al number of active parter of participants that ter an 100% vested  A penalty for the late of alties of perjury and other and completed and true, correct, and complete and com	ticipants at the beginning of the plan year ticipants at the end of the plan year rminated employment during the plan year incomplete filing of this return/er penalties set forth in the instruction disigned by an enrolled actuary, as lete.	an year with accrued beneficially be assessed ions, I declare that I have well as the electronic verification.	efits that were  unless reasonable ca examined this return/re sion of this return/repor  ELLEN BRIANT  Enter name of individ	5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Total e Number less the l	al number of active parter of participants that ter an 100% vested  A penalty for the late of alties of perjury and other and completed and true, correct, and complete and com	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan ticipants at the end of the plan year rminated employment during the plan ticipants of this return/ler penalties set forth in the instruction disigned by an enrolled actuary, as lete.  Imministrator	an year with accrued beneficially be assessed ions, I declare that I have well as the electronic verification.	efits that were  unless reasonable ca examined this return/re sion of this return/repor  ELLEN BRIANT  Enter name of individ	5c 5d(1) 5d(2) 5e use is established. sport, including, if applicat, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Total e Number less the l	al number of active parter of participants that ter an 100% vested  A penalty for the late of alties of perjury and other and completed and true, correct, and complete and com	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan ticipants at the end of the plan year rminated employment during the plan ticipants of this return/ler penalties set forth in the instruction disigned by an enrolled actuary, as lete.  Imministrator	an year with accrued beneficially be assessed ions, I declare that I have well as the electronic verification.	efits that were  unless reasonable ca examined this return/re sion of this return/repor  ELLEN BRIANT  Enter name of individ	5c 5d(1) 5d(2) 5e use is established. sport, including, if applicat, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Total e Number less the l	al number of active parter of participants that ter an 100% vested  A penalty for the late of alties of perjury and other and completed and true, correct, and complete and com	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan ticipants at the end of the plan year rminated employment during the plan ticipants of this return/ler penalties set forth in the instruction disigned by an enrolled actuary, as lete.  Imministrator	an year with accrued beneficially be assessed ions, I declare that I have well as the electronic verification.	efits that were  unless reasonable ca examined this return/re sion of this return/repor  ELLEN BRIANT  Enter name of individ	5c 5d(1) 5d(2) 5e use is established. sport, including, if applicat, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			
d(2) Total e Number less the l	al number of active parter of participants that ter an 100% vested  A penalty for the late of alties of perjury and other and completed and true, correct, and complete and com	ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan ticipants at the end of the plan year rminated employment during the plan ticipants of this return/ler penalties set forth in the instruction disigned by an enrolled actuary, as lete.  Imministrator	an year with accrued beneficially be assessed ions, I declare that I have well as the electronic verification.	efits that were  unless reasonable ca examined this return/re sion of this return/repor  ELLEN BRIANT  Enter name of individ	5c 5d(1) 5d(2) 5e use is established. sport, including, if applicat, and to the best of my	9 5 6 4 0 able, a Schedule knowledge and			

	Form 5500-SF 2014		Page 2							
_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accour 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 cannot use Form 5500-SF and must inste								res [	No No
_	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				-	_		Not de	tormi	nod
			Togram (see ERISA section 40	321)!		res	∐No ∐	NOI GE	termi	nea
	rt III   Financial Information	T	T							
7	Plan Assets and Liabilities		(a) Beginning of Yea	7344	10		(b) End	of Year		7756
	Total plan assets	7a		7344	*0				3	1156
	Total plan liabilities	7b		7344	10				2	7756
- <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		134	-		(b) T	-4-1		1130
	Contributions received or receivable from:		(a) Amount		+		(b) T	otai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		145	51					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		66	55					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2116
d	Benefits paid (including direct rollovers and insurance premiums	0.1		3760	13					
	to provide benefits)	8d		3700	-					
-f		8e		20	)5					
	Administrative service providers (salaries, fees, commissions)	8f		20	-					
<u>g</u>	Other expenses (add lines add 20 of and 20)	8g 8h			-				2	7808
<del>"</del> i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i			+					5692
<del>-</del>	Transfers to (from) the plan (see instructions)				+					3072
Box	rt IV Plan Characteristics	8j								
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe									
Par	t V   Compliance Questions				,					
10	During the plan year:				Yes	No		Amour	nt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х				
a	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х				
	If this is an individual account plan, was there a blackout period? (			109						
	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						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							_ Y	es	No
11a	Enter the unpaid minimum required contribution for current year fro	om Schedi	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction :	302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
2	If a waiver of the minimum funding standard for a prior year is bein	amortize	d in this plan year see instruc	ctions	and e	nter th	e date of th	e letter	ruling	1

granting the waiver. .....

Year

Day

.. Month

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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	,			
		10				
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year	120	-			
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)	120				
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?		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 of the PBGC?	ne control			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				
	13c(1) Name of plan(s):	3c(2)	EIN(s	)	13c(3	PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b	Trust'	s EIN		