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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: 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 **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit IMPLEMENT.COM 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number IMPLEMENT.COM CORPORATION (EIN) 20-3899198 Sponsor's telephone number 206-547-8100 701 NORTH 36TH STREET, SUITE 310 SEATTLE, WA 98103 Business code (see instructions) 541600 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 29 5a **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 20 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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.							
SIGN	Filed with authorized/valid electronic signature.	07/15/2015	JAMES CHAMBERLIN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib. 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 lif you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nnt (IC d d use	PA) Form	5500.		X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA section 40)21)?		Yes	∐No ∐	Not dete	ermined
Par –									
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End	of Year	0
	Total plan assets	7a	15514	197	+				0
	Total plan liabilities	7b	15514	107	+				0
	Net plan assets (subtract line 7b from line 7a)	7c		101	+		/L\ T	-4-1	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	89	959					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1057	785					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						114	1744
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	653	368					
	Certain deemed and/or corrective distributions (see instructions)	8e	171	127					
	Administrative service providers (salaries, fees, commissions)	8f	3	386					
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						82	2881
i	Net income (loss) (subtract line 8h from line 8c)							31	1863
j	j Transfers to (from) the plan (see instructions)								
Par	t IV Plan Characteristics								
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	1	les in t	he instruction	ons:	
10	During the plan year:			1	Yes	No		Amount	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	Χ				120000
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 ber	efits under the plan? (See	10e	X				4102
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 a	s of year	end.)	10g	X				0
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i	X				
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 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	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Υe	es 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		ne letter Year	ruling

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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					
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	Yes 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?	e control X Yes No					
С							
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)			
ARK	ADIN, INC 401(K) PLAN 20-05	65800		001			
Part	VIII Trust Information (optional)			•			

14b Trust's EIN

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

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

F		Identification Information							
For calendar	plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/20				
A This retu	rn/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 retur	n/report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year return	report (less than 12 n	nonths)				
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name o	of plan NT.COM 401(K) PLAN			1b Three-digit plan number (PN) ▶	001			
					1c Effective dat 01/01/20				
	onsor's name and a	ddress; include room or suite numb RATION	ber (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 20-3	entification Number 8899198			
701 N OR	TH 36TH STRE	ET, SUITE 310			2c Sponsor's to 206-547	•			
701 11010	.111 30111 0111	,				de (see instructions)			
SEATTLE	ł	WA 98103			541600				
3a Plan ad	Iministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrate	r's EIN			
4 If the n			a the lost return (const filed for	s this plan optor the	4b EIN				
name,	ame and/or EIN of t EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report med ic	i tilis platt, enter the					
name, a Sponso	EIN, and the plan n or's name	umber from the last return/report.			4c PN				
name, a Sponso 5a Total n	EIN, and the plan nor's name number of participant	umber from the last return/report.	·		4c PN 5a	29			
name, a Sponso 5a Total n b Total n	EIN, and the plan nor's name number of participant number of participant	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year			4c PN 5a	29			
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Page	2	

X Yes | No 6a 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 accountant (IQPA) X Yes No 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 instead use Form 5500. 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 Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1551497 0 a Total plan assets..... 7a **b** Total plan liabilities 7b 1551497 0 C Net plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year 8 (b) Total (a) Amount Contributions received or receivable from: 8a(1) (1) Employers .. 8959 8a(2) (2) Participants. 8a(3) (3) Others (including rollovers) 105785 **b** Other income (loss) 8b 114744 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)....... Benefits paid (including direct rollovers and insurance premiums 65368 8d to provide benefits) 17127 e Certain deemed and/or corrective distributions (see instructions)... 8e 386 Administrative service providers (salaries, fees, commissions) 8f g Other expenses..... 8g 82881 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 31863 Net income (loss) (subtract line 8h from line 8c) Rί Transfers to (from) the plan (see instructions)..... -1583360 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions No 10 Yes Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in Х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.).... 120000 C Was the plan covered by a fidelity bond?..... 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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 Х 4102 instructions.) f Has the plan failed to provide any benefit when due under the plan? 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the X exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 ruling Year granting the waiver.

Form 5500-SF 2014

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If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.			
b E	nter the minimum required contribution for this plan year		12b		
CE	nter the amount contributed by the employer to the plan for this plan year		12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign legative amount)		12d		
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part V	II Plan Terminations and Transfers of Assets				
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?		XY	es No	
lf	f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?	•	ontrol		X Yes No
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	s), identify the plan(s) t	:0		C. 7. 103480
130	c(1) Name of plan(s):	1;	3c(2) Ell	N(s)	13c(3) PN(s)
Ar	rkadin, Inc 401(k) Plan	20	20-0565800		
					Charles Comments
		1			ing a company of w
					t grant of cooper of the American state (Minister specificance)
Part V	/III Trust Information (optional)			-	- Carry
14a Na	ame of trust		14b Tr	ust's EIN	11 mg (A. MARIEN) by 12 mg (A. M.
					n gran a sili ili ili sing sila ili ili silani

A STANDARD COMMEN

Services