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.

4b EIN

4c PN

5a

5b

5c

5d(1)

5d(2)

5e

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 POINT IT 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number POINT IT, INC. 20-0530149 (EIN) Sponsor's telephone number 206-525-3000 3131 WESTERN AVENUE SUITE 428 SEATTLE, WA 98121 Business code (see instructions) 541800 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the

Total number of participants at the beginning of the plan year

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

b Total number of participants at the end of the plan year.....

name, EIN, and the plan number from the last return/report.

a Sponsor's name

less than 100% vested.

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 t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan			
Preparer's name (including firm name, if applicable) and address (include n		oom or suite number	r) (optional)	Preparer's telephone number (optional)		

28

28

26

36

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b	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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not dete	ermined
Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o		04.4
	Total plan assets	7a	4426	037				704	214
	Total plan liabilities	7b	4426	337				704	214
	Net plan assets (subtract line 7b from line 7a)	7c		,01	+		(b) T		217
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	rtai	
	(1) Employers	8a(1)	756	645					
	(2) Participants	8a(2)	1362						
	(3) Others (including rollovers)	8a(3)	376						
	Other income (loss)	8b	296	597					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						279	299
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	177	722					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17	722
	Net income (loss) (subtract line 8h from line 8c)	8i						261	577
_ J	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
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	Χ				75000
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			
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	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X No
	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	o#! = :	0::-:1		no deta ifili	o le#	li.e
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		e letter r Year	uling

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you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.			
Enter the minimum required contribution for this plan year		12b		
Enter the amount contributed by the employer to the plan for this plan year		12c		
		ı ızu		
Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?		Yes	No N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?			res X No	
If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13a		
				Yes X No
3c(1) Name of plan(s):		13c(2) El	IN(s)	13c(3) PN(s)
VIII Trust Information (antional)				
1	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount) Will the minimum funding amount reported on line 12d be met by the funding Italy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year

14a Name of trust POINT IT 401(K) PLAN **14b** Trust's EIN 463173536

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

D	ant I Annual Danas	4 Identification Informati	ordance with the inst	ructions to the Form 550	JU-3F.					
		t Identification Information								
For	calendar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/20	14				
	This return/report is for:	a one-participant plan a foreign plan								
В	This return/report is:	the first return/report an amended return/report	the final return/repo a short plan year re	ort eturn/report (less than 12 n	nonths)					
Section 2					<u> </u>					
С	Check box if filing under:	Form 5558 special extension (enter descrip	<pre>automatic extension tion)</pre>	n	DFVC	program				
D	art II Basic Plan Inf	ormation	5							
	Name of plan	ormation enter all requested in	formation		141					
Ia	Name of plan				1b Three-dig					
	Point It 401(k) Pl	an			plan numi (PN) ▶	001				
					1c Effective					
					01/01/2					
2a	Plan sponsor's name and a Point It, Inc.	ddress; include room or suite number	(employer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 20-0530149					
	3131 Western Avenue Sui	+0.428			2c Sponsor's telephone number (206) 525–3000					
	JIJI Western Avenue Sur	420			2d Business code (see instructions)					
	US Seattle WA 98121				541800					
3a	Plan administrator's name	and address X Same as Plan Spon	sor Name		3b Administra	ator's EIN				
					Administrator's EIN					
					3c Administrator's telephone number					
					South Manager Commission	•				
4	If the name and/or FIN of th	ne plan sponsor has changed since the	a last return/report filed	I for this plan, optor the	4b EIN					
2500	name, EIN, and the plan nu	mber from the last return/report.	e last return/report liled	for this plan, enter the	40 EIN					
a	Sponsor's name	and the state of t			40 00					
		at the best set of the			4c PN					
	Total number of participants	at the beginning of the plan year	••••••	••••••	5a	28				
b	lotal number of participants	s at the end of the plan year	•••••		5b	41				
C	Number of participants with	account balances as of the end of the	plan year (defined be	nefit plans do not	5c					
	complete this item)			•••••	00	28				
d(Total number of active pa 	rticipants at the beginning of the plan	year		5d(1)	26				
d(2) Total number of active na	rticipants at the end of the plan year			5d(2)	2.0				
		terminated employment during the plan			5u(2)	36				
е	less than 100% vested		in year with accrued be	enelits that were	5e	0				
			•••••••••••••••••••••••••••••••••••••••	***************************************						
		or incomplete filing of this return/								
Un	der penalties of perjury and	ther penalties set forth in the instruction	ons, I declare that I have	ve examined this return/re	port, including, if	applicable, a Schedule				
SB	or Schedule MB completed	and signed by an enrolled actuary, as	well as the electronic v	version of this return/repor	t, and to the best	of my knowledge and				
bei	lief, it is true confined band cor	nplete.								
SI	ign Jan Lishin									
	Docusigned by.	ninintratar	7/25/2015	Jon Lisbin		Processor Directors of the Control o				
	ERE Signatura plas adu	minorator	Date 3/ E 3 E	Enter name of individu	al signing as plan	administrator				
SI	GN2D3C599B6C2F48A									
259	ERE Signature of employe	er/plan sponsor	₫£5/2015	Enter name of individu	al signing as emp	lover or plan sponsor				
Pre		name, if applicable) and address; incl		her (ontional)		hone number (optional)				
		ii applicable) and address, iiici	ade room of suite num	bei (optional)	riepaiers telep	none number (optional)				
1						Charles and Company of the Company o				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					X Yes N	lo
	re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							lo	
	f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021)?		Ye	s 🗌 No [Not determ	ined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
а	Total plan assets	7a	442,63	37				704,214	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	442,63	37				704,214	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	75,64	! 5					
	(2) Participants	8a(2)	136,2						
-	(3) Others (including rollovers)	8a(3)	37,68						
b	Other income (loss)	8b	29,69	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						279,299	_
d	Benefits paid (including direct rollovers and insurance premiums		17 7						
_	to provide benefits)	8d	17,72	4.4					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h						17,722	
"	Net income (loss) (subtract line 8h from line 8c)	8i						261,577	
÷	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	, ,							
\Box	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	istic (Codes	in the	e instructions		
	rt V Compliance Questions				Vaa	N.	1		
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ione within	the time period described in		Yes	No	P	mount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			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	x			75,0	000
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 of instructions.)			10e		x			
f				10f		x			
_	<u> </u>								
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х			
h	2520.101-3.)	••••••	•••••••••••••••••••••••••••••••••••••••	10h		х			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X	No
11	Enter the unpaid minimum required contribution for current year fro			•••••					
12	Is this a defined contribution plan subject to the minimum funding					2 of F	RISA?	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 bein	ng amortize	ed in this plan year, see instructi						
	granting the waiver	•••••		iui _			ау	1 Cal	

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ou completed	d line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to line	e 13.			
b Enter the minimum required contribution for this plan year						
Enter the am	ount 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						
Will the minin	num funding amount reported on line 12d be met by the funding deadlin	e?	•••••	🗀	Yes 🗆	No N/A
VII Plai	n Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?				☐ Ye	es 🗷 No)
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
				ntrol		Yes X No
		ther plan(s), ider	ntify the plan(s) to			
3c(1) Name o	f plan(s):		130	(2) EIN(s)	13c(3) PN(s)
VIII Tru	st Information (optional)					
14a Name of trust			14b Trust's EIN			
Point It 401(k) Plan			46-3173536			
	Enter the am Subtract the negative amo Will the minir VII Plai Has a resolu If "Yes," ente Were all the of the PBGC If during this which assets 3c(1) Name of	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadlin VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Trust Information (optional)	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.) Iso(1) Name of plan(s): Trust Information (optional)	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Trust Information (optional)	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year