## 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.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

For calend			<u>n</u>			
	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014	
a single-employer plan a multiple-employer plan (not multiemployer)  A This return/report is for: of participating employer information in acco						
·		a one-participant plan	a foreign plan	•		,
<b>B</b> This return/report is		the first return/report	the final return/repo	rt		
	·	an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extensio	n	DFVC pr	ogram
		special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested i	nformation			
1a Name					<b>1b</b> Three-digit	
INTERWES	T DEVELOPMENT I	N.W., INC. 401(K) RETIREMENT S	AVINGS PLAN		plan numbe	
					(PN)	001
					1c Effective da	te of plan 1/01/1998
	ponsor's name and a DEVELOPMENT N	address; include room or suite num I.W., INC.	ber (employer, if for a sing	le-employer plan)		entification Number 1-1518872
	DINI & WALDRON				-	elephone number 0-829-5051
TACOMA, W	NTS BLVD. W /A 98466					de (see instructions)
						38900
3a Plan administrator's name and address Same as Plan Sponsor.						or's EIN
					3c Administrate	or's telephone number
					7.0	
4 If the	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report file	d for this plan, enter the	<b>4b</b> EIN	
		number from the last return/report.		a for tillo plant, critter tile	4D EIN	
	or's name			a for this plan, effect the		
	number of participan	ate at the heginning of the plan years		·	4c PN	26
_		ats at the beginning of the plan year			4c PN 5a	
<b>b</b> Total	number of participar	ats at the end of the plan year			4c PN	
b Total c Numb	number of participar per of participants wit ete this item)	nts at the end of the plan yearh account balances as of the end o	f the plan year (defined b	enefit plans do not	4c PN 5a 5b 5c	23
b Total c Numb	number of participar per of participants wit ete this item)	ats at the end of the plan year th account balances as of the end c	f the plan year (defined b	enefit plans do not	4c PN 5a 5b	23
b Total c Numb compl d(1) Tot	number of participar per of participants wit ete this item) ral number of active p	nts at the end of the plan yearh account balances as of the end o	of the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	23 23 0
b Total c Numb compl d(1) Tot d(2) Tot e Numbe	number of participars wit ete this item)	participants at the end of the plan year  participants at the beginning of the plan year terminated employment during the	of the plan year (defined be plan yearearearear with accrued be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	23 23 0
b Total c Number completed (1) Total d(2) Total e Number less the	number of participar per of participants wit ete this item)	thats at the end of the plan year that account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the	of the plan year (defined be plan yearearearearearear with accrued be	enefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	23 23 0 0
b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen	number of participar of participar of participants with ete this item)	the account balances as of the end of the balances as of the end of the participants at the beginning of the participants at the end of the plan yet terminated employment during the eor incomplete filing of this return other penalties set forth in the instr	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if ap	23 23 0 0 0 0 0 0 policable, a Schedule
b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schell	number of participar of participar of participants with ete this item)	the account balances as of the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if ap	23 23 0 0 0 0 0 0 policable, a Schedule
b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is	number of participar of participar of participants with ete this item)	the account balances as of the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if ap	23 23 0 0 0 0 copplicable, a Schedule
b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schell	number of participars with ete this item)	the account balances as of the end of the plan year	plan year (defined by plan year	enefit plans do not  enefits that were  ed unless reasonable cau we examined this return/rep version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap and to the best of	23 23
b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE	number of participar of participar of participants with ete this item)	the account balances as of the end of the plan year	plan year (defined be plan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I has as well as the electronic	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap and to the best of	23 23
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less the less the state of the less the les	number of participars with ete this item)	the account balances as of the end of the plan year	plan year (defined by plan year	enefit plans do not  enefits that were  ed unless reasonable cau we examined this return/rep version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap and to the best of	23 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participars wite tee this item)	the account balances as of the end of the plan year	plan year (defined be plan year plan year with accrued be plan year will be assessed uctions, I declare that I has as well as the electronic op/11/2015  Date  Date	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  MARK WALDRON  Enter name of individu  Enter name of individu	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is established port, including, if apply, and to the best of a pull signing as plan and signing as emp	23 23 23 23 20 20 20 20 20 20 20 20 20 20 20 20 20
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participars wite tee this item)	the account balances as of the end of the plan year	plan year (defined be plan year plan year with accrued be plan year will be assessed uctions, I declare that I has as well as the electronic op/11/2015  Date  Date	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  MARK WALDRON  Enter name of individu  Enter name of individu	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is established port, including, if apply, and to the best of a pull signing as plan and signing as emp	pplicable, a Schedule my knowledge and administrator
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participars wite tee this item)	the account balances as of the end of the plan year	plan year (defined be plan year plan year with accrued be plan year will be assessed uctions, I declare that I has as well as the electronic op/11/2015  Date  Date	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  MARK WALDRON  Enter name of individu  Enter name of individu	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is established port, including, if apply, and to the best of a pull signing as plan and signing as emp	23 23 0 0 0 0 0 0 0 0 0 0 administrator
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participars wite tee this item)	the account balances as of the end of the plan year	plan year (defined be plan year plan year with accrued be plan year will be assessed uctions, I declare that I has as well as the electronic op/11/2015  Date  Date	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  MARK WALDRON  Enter name of individu  Enter name of individu	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is established port, including, if apply, and to the best of a pull signing as plan and signing as emp	23 23 23 23 20 20 20 20 20 20 20 20 20 20 20 20 20

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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 lf you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.			X Y	es [	_ ]	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	21)?		Yes	No L	No	ot det	ermi	nec	i —
Par								_				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of \		7679	)	
	Total plan assets	. 7a	10370	0				—	70	1013	,	
	Net plan assets (subtract line 7b from line 7a)	7b 7c	10578		-				78	7679	)	
	Income, Expenses, and Transfers for this Plan Year	76	(a) Amount				(b) 1					
	Contributions received or receivable from:		(a) Amount				(1)	Ota	_			
	(1) Employers	8a(1)										
	(2) Participants	8a(2)	7	78								
	(3) Others (including rollovers)	8a(3)	4									
	Other income (loss)	8b	477	87								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	8565	)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3087	'22								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	. 8f	99	82								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							31	8704	1	
	Net income (loss) (subtract line 8h from line 8c)	8i						_	-27	0139	<u> </u>	
<u>j</u>	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 2J 2K 2G 2F 2T 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	ction	is:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ions	s:			
<b>D</b> (	v lo " o "							—				
Part					Voc	No		<u> </u>				
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions with	n the time period described in		Yes	NO		An	noun	<u> </u>		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X					4	130	96
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					100	000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X						
е		ner persor of the ber	s by an insurance carrier, nefits under the plan? (See	10e	X						56	48
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X						704	28
<u>b</u>			· ·	iog		.,						
	2520.101-3.)			10h		X						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part 11	VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	onto? /If "	Voc. " and instructions and asset	nloto	Sob o	lula Cr	2 (Earm	$\overline{}$				
	5500) and line 11a below)	······································		· ·					Y	es	1	No
	Enter the unpaid minimum required contribution for current year fr					11a	]	<del></del>		— г		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Ш	Y	es >	X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	224	ntor ti	l no doto of t	the	lotto-	منانيع		
đ	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter tr Day			letter ear	ruiin	.y 	

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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 N	lo	
	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?	control		Yes	s 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			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	<b>B)</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**

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 55	00-SF.			
Part I		Identification Information						
For calenda	r plan year 2014 or fi	iscal plan year beginning (	01/01/2014	and ending	12/	31/2014		
A This retu	ring this box must attach a list ne form instructions)							
B This retu	rn/report is	a one-participant plan the first return/report	☐ a foreign plan ☐ the final return/report					
		an amended return/report	a short plan year return	report (less than 12 m	onths)			
C Check b	ox if filing under:	X Form 5558	automatic extension		DF	FVC program		
• Check b	ox il lilling under.	special extension (enter descripti	ion)					
Part II	Basic Plan Info	ormation—enter all requested inform	mation					
1a Name o	of plan	NT N.W., INC. 401(K) RE		GS PLAN		number 001		
						tive date of plan		
		ddress; include room or suite number (NT N.W., INC.	employer, if for a single-e	employer plan)		oyer Identification Number 91-1518872		
	andini & Wald				— ` <i>′</i>	sor's telephone number		
	gents Blvd.					-829-5051		
Tacoma		WA 98466			2d Busin	ness code (see instructions)		
	ministrator's name a	nd address XSame as Plan Sponsor.				nistrator's EIN		
		e plan sponsor has changed since the imber from the last return/report.	e last return/report filed fo	r this plan, enter the	4b EIN	nistrator's telephone number		
a Sponso		mber were the last return report.			4c PN			
<b>5a</b> Total n	umber of participants	s at the beginning of the plan year			5a	36		
<b>b</b> Total n	umber of participants	s at the end of the plan year			5b	23		
	· · ·	account balances as of the end of the			5c	23		
<b>d(1)</b> Tota	I number of active pa	articipants at the beginning of the plan	year		5d(1)			
` '	·	articipants at the end of the plan year			5d(2)			
		erminated employment during the plar			5e	(		
		or incomplete filing of this return/re						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as we plete.						
SIGN	Mel		9-1-15	Mark Waldron				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing	as plan administrator		
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor		
Preparer's r		name, if applicable) and address (inclu	ude room or suite number	r) (optional)	Preparer's	telephone number (optional)		

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	ndent qualified public accounta ions.)	nt (IQ	PA)			X Ye		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No [	Not det	ermined
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
_ a	Total plan assets	7a	10!	5781	.8				787679
b	Total plan liabilities	7b			0				
_ c	Net plan assets (subtract line 7b from line 7a)	7c	10!	5781	. 8				787679
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		77	8				
·	(3) Others (including rollovers)	8a(3)			-				
		8b	-	1778	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				48565
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30	0872	2				
	Certain deemed and/or corrective distributions (see instructions)	8e				_			
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		998	12				
<u>g</u>	Other expenses	1			+				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		_					318704
÷	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)				-	_			-270139
	rt IV Plan Characteristics	8j			_1_				
b	2E 2J 2K 2G 2F 2T 3D     If the plan provides welfare benefits, enter the applicable welfare for     V   Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instruc	tions	
10	During the plan year:				Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a	Х				13096
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)		-	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х				1000000
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 ot insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	Х				5648
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	х				70428
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							. Y	es No
11a	Enter the unpaid minimum required contribution for current year t	from Sche	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	. Y	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 be		22000000	ctions	, and	enter th	ne date of	the letter	ruling

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lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	d skip to line 13.	15.4			_
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 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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year	.,	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, tra		Yes X No				
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s):			13c(2) El	N(s)	13c(3) PN(s)	
	VIII Trust Information (optional) Name of trust			14b ⊤	rust's EIN		