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).

204.4

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For cale	For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014							
A This	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)							
	·	a one-participant plan	a foreign plan		,			
B This	return/report is	the first return/report	the final return/report					
	·	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Che	ck box if filing under:	X Form 5558	automatic extension		DFVC pro	gram		
		special extension (enter descriptio						
Part		ormation—enter all requested information	ation		141	1		
	me of plan IREMENT PLAN				1b Three-digit plan number (PN) ▶	001		
					1c Effective date	e of plan /01/2011		
	n sponsor's name and ac	ddress; include room or suite number (e	mployer, if for a single-	employer plan)	2b Employer Ide (EIN) 32-	ntification Number		
2045 - 12	0TH AVE. N.E., SUITE 1	00			2c Sponsor's tel	ephone number 264-9051		
	JE, WA 98005					le (see instructions)		
3a Pla	n administrator's name a	and address XSame as Plan Sponsor.			3b Administrator's EIN			
					3c Administrator's telephone number			
		ne plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b EIN			
na		ne plan sponsor has changed since the language ince the language income the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN 4c PN			
na a Sp	me, EIN, and the plan nu onsor's name				4c PN	11		
a Sp 5a To	me, EIN, and the plan nu onsor's name tal number of participants	ımber from the last return/report.			4c PN	11 12		
a Sp 5a To b To c Nu	me, EIN, and the plan nu onsor's name tal number of participants tal number of participants imber of participants with	umber from the last return/report. s at the beginning of the plan year	blan year (defined bene	ofit plans do not	4c PN 5a			
a Sp 5a To b To c Nu	me, EIN, and the plan nubersor's name tal number of participants tal number of participants amber of participants with mplete this item)	s at the beginning of the plan years at the end of the plan year	olan year (defined bene	efit plans do not	4c PN 5a 5b	12 12		
a Sp 5a To b To c No con d(1) d(2)	me, EIN, and the plan numbers of participants tal number of participants imber of participants with mplete this item)	s at the beginning of the plan years at the end of the plan year	olan year (defined bene	efit plans do not	4c PN 5a 5b 5c	12		
5a To b To c Nu cool d(1) d(2) e Nu	me, EIN, and the plan numbers of participants tal number of participants imber of participants with mplete this item)	s at the beginning of the plan years at the end of the plan yearaccount balances as of the end of the plan yeararticipants at the beginning of the plan year	plan year (defined bene ear	efit plans do not	4c PN 5a 5b 5c 5d(1)	12 12 7		
a Sp 5a To b To c Nu coo d(1) d(2) e Nu les Cautio	me, EIN, and the plan numbers of participants tal number of participants amber of participants with mplete this item)	s at the beginning of the plan years at the end of the plan year	plan year (defined bene ear year with accrued bene port will be assessed	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	12 12 7 7		
a Sp 5a To b To c Nu coo d(1) d(2) e Nur les Cautio Under p SB or S	me, EIN, and the plan number of participants tal number of participants imber of participants with implete this item)	and signed by an enrolled actuary, as wear at the penalties set forth in the instructions and signed by an enrolled actuary, as wear at the penalties set forth in the instructions and signed by an enrolled actuary, as we	plan year (defined bene ear	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	12 12 7 7 olicable, a Schedule		
a Sp 5a To b To c Nu coo d(1) d(2) e Nui les Cautio Under p SB or S belief, i	me, EIN, and the plan number of participants tal number of participants amber of participants with mplete this item)	and signed by an enrolled actuary, as wear at the penalties set forth in the instructions and signed by an enrolled actuary, as wear at the penalties set forth in the instructions and signed by an enrolled actuary, as we	plan year (defined bene ear	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	12 12 7 7 olicable, a Schedule		
a Sp 5a To b To c Nu coo d(1) d(2) e Nu les Cautio Under p SB or S belief, i	me, EIN, and the plan number of participants tal number of participants amber of participants with mplete this item)	s at the beginning of the plan year	earyear (defined bene year with accrued bene port will be assessed s, I declare that I have ell as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the second s	12 12 7 7 plicable, a Schedule my knowledge and		
a Sp 5a To b To c Nu coo d(1) d(2) e Nui les Cautio Under p SB or S belief, i SIGN HERE	me, EIN, and the plan number of participants tal number of participants with mplete this item)	s at the beginning of the plan year	plan year (defined bene ear	efit plans do not efits that were unless reasonable cau examined this return/re sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the second s	12 12 7 7 plicable, a Schedule my knowledge and		
a Sp 5a To b To c Nu coo d(1) d(2) e Nur les Cautio Under r SB or S belief, i SIGN HERE	me, EIN, and the plan numbers of participants tal number of participants tal number of participants with mplete this item)	s at the beginning of the plan year	plan year (defined bene- ear	efits that were unless reasonable care examined this return/report RHONDA SIMPSON Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of i	12 12 7 7 plicable, a Schedule my knowledge and		
a Sp 5a To b To c Nu coo d(1) d(2) e Nur les Cautio Under r SB or S belief, i SIGN HERE	me, EIN, and the plan numbers of participants tal number of participants tal number of participants with mplete this item)	s at the beginning of the plan year	plan year (defined bene- ear	efits that were unless reasonable care examined this return/report RHONDA SIMPSON Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of i	12 12 7 7 plicable, a Schedule my knowledge and		
a Sp 5a To b To c No cool d(1) d(2) e Nur les Cautio Under p SB or S belief, i SIGN HERE	me, EIN, and the plan numbers of participants tal number of participants tal number of participants with mplete this item)	s at the beginning of the plan year	plan year (defined bene- ear	efits that were unless reasonable care examined this return/report RHONDA SIMPSON Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of i	12 12 7 7 slicable, a Schedule my knowledge and administrator		

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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 continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.			Yes Yes	No 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	Not o	leterm	ined
Par	t III Financial Information		Г							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			4
	Total plan assets	7a	1223	316					18660	4
	Total plan liabilities	7b	1223	816					18660	4
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,	-		/b\ T		10000	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	209	906						
	(2) Participants	8a(2)	388	316						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	55	516						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6523	8
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e	g	950						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							95	
	Net income (loss) (subtract line 8h from line 8c)	8i							6428	8
	Transfers to (from) the plan (see instructions)	8j								
b	ZA ZE ZG ZJ ZT 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instruct	ons:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary 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	X					20000
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 ben	efits under the plan? (See	10e	X					723
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					0
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								T		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
	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			or se	ection (302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	o#! = :	01	mt== /1		ha I-11	o = 1*	~~
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		he lett Year	er rulii ———	ng

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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):		13c(2) EI	N(s)	13c(3) 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).

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 Annual Repo	rt Identification Information				
For calendar plan year 2014 o		/2014	and ending	12/31/2014	
A This return/report is for:	a single-employer plan	of participating employ	lan (not multiemployer) yer information in accor	(Filers checking thin rdance with the form	s box must attach a list instructions)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
	special extension (enter descri	iption)			
Part II Basic Plan In	formation—enter all requested info	ormation			
1a Name of plan				1b Three-digit	
SPI RETIREMENT PLAN				plan numbe	r 001
				(PN)	001
				1c Effective da 11/01/2011	te of plan
2a Plan sponsor's name and SIGNAL PATH INTERNATIONA	address; include room or suite numbe AL, LLC	er (employer, if for a single-	employer plan)	2b Employer Id (EIN) 32-00	entification Number 97392
2045 400TU AVE AVE OUT					elephone number 04) 264-9051
2045 - 120TH AVE. N.E., SUITE	± 100				de (see instructions)
BELLEVUE. WA 98005				443142	(**************************************
3a Plan administrator's name	and address XSame as Plan Spons	or.	_	3b Administrate	or's EIN
				3C Administrato	or's telephone number
				}	
4 If the name and/or EIN of	the plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponsor's name	number from the last return/report.			4c PN	
5a Total number of participar	nts at the beginning of the plan year			. 5a	11
b Total number of participar	nts at the end of the plan year			. 5b	12
C Number of participants with	th account balances as of the end of t	he plan vear (defined bene	efit plans do not		12
d(1) Total number of active	participants at the beginning of the pla	an year		5d(1)	7
d(2) Total number of active	participants at the end of the plan yea	ır		5d(2)	7
 Number of participants that 	t terminated employment during the p	lan year with accrued bene	efits that were	5e	
Caution: A penalty for the lat	te or incomplete filing of this return	report will be assessed	uniess reasonable ca	use is established	
Under penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as	tions I declare that I have	examined this return/re	nort including if as	plicable a Cahadula
SIGN X V	1 > M	19.18.15	x, Rhono	G Simp	SON
Signature of plan	administrator	Date	Enter name of individ		
SIGN					
HERE Signature of emp	oloyer/plan sponsor	Date	Enter name of individ	fual signing as emp	lover or plan appears
Preparer's name (including firm	n name, if applicable) and address (in	clude room or suite numbe	r) (optional)	Preparer's teleph	one number (optional)
					- (abusinal)
					ĺ
For Penergeric Pedication 4 -4 No					

P	ag	е	2

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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 in	nsurance pi	rogram (see ERISA section 40)	21)? .		Yes	☐ No ☐ Not determined	
Pa	t III Financial Information							
7	Plan Assets and Liabilities	14 12	(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	. 7a	122316		\top		186604	
_	Total plan liabilities	. 7b					·-·	
	Net plan assets (subtract line 7b from line 7a)	_	122316	3			186604	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	0-(4)	20906					
	(1) Employers		38816					
	(2) Participants		30010					
b	(3) Others (including rollovers)		5516		12.8			
	Other income (loss)				(8) (8)			
<u>d</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c		4 14	965	1.2.2	65238	
	to provide benefits)	. 8d						
	Certain deemed and/or corrective distributions (see instructions)	. 8e	950		100			
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)							
<u>g</u>	Other expenses				160			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						950	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)						64288	
	Transfers to (from) the plan (see instructions)	. 8j				7.00		
Pa	t IV Plan Characteristics							
Par	If the plan provides welfare benefits, enter the applicable welfare f		es iloni the List of Flati Charat			es in t	ne instructions:	
10	During the plan year:		(- m)		Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions within	n the time period described in ection Program)	10a		х	74110411	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not i	nclude transactions reported	10b		х		
c					х		20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity box	nd, that was caused by fraud	10c			20000	
—е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot			10d		X		
·	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		723	
f	Has the plan failed to provide any benefit when due under the pla			106 10f		х	125	
g			·	10g	Х		0	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	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							
Pari	N.P.Land. C. St.			101		<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	ments? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	
11a	Enter the unpaid minimum required contribution for current year f	from Sched	ule SB (Form 5500) line 39			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, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ing amortiz	ed in this plan year, see instructionMon	ctions th_	, and e	enter th Day		

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if	you completed line 12a, complete lines 3, 9, and 10 of Sc	hedule MB (Form 5500), and skip to line 13.			-	
<u>b</u>	Enter the minimum required contribution for this plan year			12b		
						-
<u>C</u>	Enter the amount contributed by the employer to the plan fo	or this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	. Enter the result (enter a minus sign to the left	of a	12d		
9	Will the minimum funding amount reported on line 12d be m				Yes	No N/A
Part	VII Plan Terminations and Transfers of Ass	eets				
13a	Has a resolution to terminate the plan been adopted in any plan	ı year?		Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to			13a		
b	Were all the plan assets distributed to participants or benefit of the PBGC?	ciaries, transferred to another plan, or brought u	nder the c	ontrol		☐ Yes 🛛 No
C	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions	erred from this plan to another plan(s), identify the	e plan(s) t	0		<u> </u>
1	I3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust		 ;	14b Tr	ust's EIN	
				"		
			i			

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