## 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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

		rt Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014	
<b>A</b> This re	eturn/report is for:	a single-employer plan		r plan (not multiemployer) ployer information in accord		
		a one-participant plan	a foreign plan			
<b>B</b> This ref	turn/report is	the first return/report	the final return/report	rt		
		an amended return/report	a short plan year ret	curn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	า	☐ DFVC ¡	orogram
	Ü	special extension (enter desc	ription)			
Part II	Basic Plan Inf	formation—enter all requested in	formation			
1a Name					1b Three-digi	
WAYPOINT	TOUTDOOR RETIRE	EMENT PLAN			plan numb (PN) ▶	oer 001
					1c Effective of	
						01/01/2013
	sponsor's name and a SOCIATES, INC.	address; include room or suite numb	er (employer, if for a sing	le-employer plan)		Identification Number
	OUTDOOR				(=,	91-2173522
1/3/ ELLIO	TT AVE. W., SUITE E				-	telephone number 06-781-1984
SEATTLE, V						code (see instructions)
						423910
<b>3a</b> Plan a	administrator's name	and address XSame as Plan Spon	sor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
						·
<b>A</b> 10 th -	The state of the s			I for this advantage to		· 
name	e, EIN, and the plan n	he plan sponsor has changed since number from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN	
name <b>a</b> Spons	e, EIN, and the plan n sor's name	number from the last return/report.		· 	4b EIN 4c PN	
a Spons 5a Total	e, EIN, and the plan n sor's name number of participan	ts at the beginning of the plan year.			4b EIN 4c PN 5a	14
a Spons 5a Total b Total	e, EIN, and the plan n sor's name number of participan number of participan	ts at the beginning of the plan year			4b EIN 4c PN	
a Spons 5a Total b Total c Numb	e, EIN, and the plan n sor's name number of participan number of participan ber of participants wit	ts at the beginning of the plan year.	the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a	14
a Spons 5a Total b Total c Number	e, EIN, and the plan no sor's name number of participan number of participan ber of participants wit lete this item)	ts at the beginning of the plan year.  ts at the end of the plan year	the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b	14
a Spons 5a Total b Total c Numb comp d(1) To	e, EIN, and the plan no sor's name number of participan number of participan ber of participants with lete this item)	ts at the beginning of the plan year.  ts at the end of the plan year  h account balances as of the end of	the plan year (defined be	enefit plans do not	4b EIN  4c PN  5a  5b  5c	14 14 14
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the plan year  It haccount balances as of the end of the plan year  It is at the end of the plan year	the plan year (defined be lan year ear	enefit plans do not	4b EIN  4c PN  5a  5b  5c  5d(1)	14 14 14
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the plan year.  Its at the end of the plan year.  It account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the	the plan year (defined be lan year earplan year with accrued be	enefit plans do not enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	14 14 14 10 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined be lan year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if	14 14 14 10 11 1 10 10 11 10 10 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined be lan year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if at the dest is the dest in the	14 14 14 10 11 1 10 10 11 10 10 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the end of the plan year.  Its at the beginning of the plan year.  Its at the end of the plan year.  Its at at the end of the plan year.  Its at the end	the plan year (defined be lan year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best	14 14 10 11 1 10 11 1 10 10 11 10 11 10 11 10 11 10 11 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan nesor's name  number of participan number of participants with plete this item)	ts at the beginning of the plan year.  Its at the end of the end of the plan year.  Its at the beginning of the plan year.  Its at the end of the plan year.  Its at at the end of the plan year.  Its at the end	the plan year (defined be lan year	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/re version of this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best	14 14 10 11 1 10 11 10 11 10 11 10 11 10 11 10 11 10 11 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan nesor's name  number of participan number of participants with the plan number of active potal number of participants that than 100% vested  A penalty for the lateral completed of true, correct, and confided with authorize signature of plan  Signature of emp	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (defined be lan year with accrued be m/report will be assessed tions, I declare that I has as well as the electronic value of the land to be	enefit plans do not  enefits that were  enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best dual signing as plantage in the port.	14 14 14 10 11 11 11 12 12 12 13 14 10 11 11 11 11 11 11 11 11 11 11 11 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan nesor's name  number of participan number of participants with the plan number of active potal number of participants that than 100% vested  A penalty for the lateral completed of true, correct, and confided with authorize signature of plan  Signature of emp	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (defined be lan year with accrued be m/report will be assessed tions, I declare that I has as well as the electronic value of the land to be	enefit plans do not  enefits that were  enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best dual signing as plantage in the port.	14 14 14 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan nesor's name  number of participan number of participants with the plan number of active potal number of participants that than 100% vested  A penalty for the lateral completed of true, correct, and confided with authorize signature of plan  Signature of emp	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (defined be lan year with accrued be m/report will be assessed tions, I declare that I has as well as the electronic value of the land to be	enefit plans do not  enefits that were  enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best dual signing as plantage in the port.	14 14 14 10 11 11 11 12 12 12 13 14 10 11 11 11 11 11 11 11 11 11 11 11 11
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan nesor's name  number of participan number of participants with the plan number of active potal number of participants that than 100% vested  A penalty for the lateral completed of true, correct, and confided with authorize signature of plan  Signature of emp	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (defined be lan year with accrued be m/report will be assessed tions, I declare that I has as well as the electronic value of the land to be	enefit plans do not  enefits that were  enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if st, and to the best dual signing as plantage in the port.	14 14 14 10 11 11 11 12 12 12 13 14 10 11 11 11 11 11 11 11 11 11 11 11 11

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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 few you answered "No" to either line 6a or line 6b, the plan cannot be a continuous continuous answered to either line 6a or line 6b, the plan cannot be a continuous	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par			ı				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	7973	327	-		961091
	Total plan liabilities	7b	7076	207	_		004004
	Net plan assets (subtract line 7b from line 7a)	7c	7973	327			961091
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	1576	30			
	2) Participants	8a(2)	1383	802			
	3) Others (including rollovers)	8a(3)	27	<b>'</b> 35			
-	Other income (loss)	8b	564	144			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					355111
	Benefits paid (including direct rollovers and insurance premiums		4046	.47			
	o provide benefits)	8d	1913	347			
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f					
<del>-</del>	Other expenses	8g					404047
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					191347
	Net income (loss) (subtract line 8h from line 8c)	8i					163764
Pari	Fransfers to (from) the plan (see instructions)  Plan Characteristics	8j					
b Part	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
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 Fidu	ıciary Cor	rection Program)	10a		X	
b	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		X	
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		6
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)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes 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 being ranting the waiver.	-			and 6	enter th Day	

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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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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		Identification Information			10/04/0044	
For calenda	ar plan year 2014 or t		1/2014	and ending	12/31/2014	
A This ret	curn/report is for:	X a single-employer plan     □ a one-participant plan	a multiple-employer planticipating employ a foreign plan			
R This retu	ım/report is	the first return/report	the final return/report			
D maren	and opon is	an amended return/report	a short plan year return	r/report (less than 12 i	months)	
				proport (loss than 12 )	_	
C Check t	box if filing under:	X Form 5558	automatic extension		☐ DFVC pro	ogram
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name	of plan				1b Three-digit	
WAYPOINT	OUTDOOR RETIRE	MENT PLAN			plan numbe (PN) ▶	001
					1c Effective da	te of plan
					01/01/2013	
	ponsor's name and a SOCIATES, INC.	ddress; include room or suite numb	per (employer, if for a single-	employer plan)	2b Employer Id (EIN) 91-21	entification Number
WAYPOINT	•				2c Sponsor's to	· · · · · · · · · · · · · · · · · · ·
1434 ELLIO	TT AVE. W., SUITE E	a a				06) 781-1984
	·	,			2d Business co 423910	de (see instructions)
SEATTLE. V		and address X Same as Plan Spor	nsor.		3b Administrate	or's EIN
		Moanie de Flair époi				
					3C Administrate	or's telephone number
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN	
	or's name	imber nom the last return report.			4c PN	
5a Total	number of participant	s at the beginning of the plan year		***************************************	5a	14
<b>b</b> Total	number of participant	s at the end of the plan year			5b	14
		account balances as of the end o			5c	14
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	10
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	11
		terminated employment during the			5e	1
Caution: A	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	uniess reasonable d	ause is established	
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/	report, including, if a	oplicable, a Schedule
SIGN	x121		110-5.15	x1 Robert	P. Holding	72/
HERE	Signature of plan	administrator	Date	<del></del>	vidual signing as plar	
SIGN						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of indiv	vidual signing as emr	ployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (				none number (optional)
	<del>-</del>					

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a control or the control or the plan cannot be a control or the plan cannot be a control or the control</li></ul>	an independe and condition:	nt qualified public accountars.)	nt (IQI	PA) 	·····	_	_
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in				_	_	No Not det	ermined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a Total plan assets	. 7a	797327				9610	91
b Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c	797327				9610	91
8 Income, Expenses, and Transfers for this Plan Year	17/07/201	(a) Amount				(b) Total	
Contributions received or receivable from:  (4) Employers	9-(4)	157630	1	av.			
(1) Employers	. 8a(1)	138302		7,000			
(2) Participants	. 8a(2)	2735			7 7 2		A STATE OF
(3) Others (including rollovers)		56444					
D Other income (loss)	8b	30944	14-41			3551	11
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8c	191347				3901	
e Certain deemed and/or corrective distributions (see instructions)	. 8e				1. '		OSR HELEKI Walter is
f Administrative service providers (salaries, fees, commissions)	. 8f			ş°.,	s e in		
g Other expenses	. 8g			833			
h Total expenses (add lines 8d, 8e, 8f, and 8g)				975 331		191:	347
i Net income (loss) (subtract line 8h from line 8c)	-0			S.		163	764
j Transfers to (from) the plan (see instructions)	. 8i						
Part IV Plan Characteristics				<u> </u>			
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare</li> </ul>							
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amour	it
a Was there a failure to transmit to the plan any participant contrib			40.		х		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  b Were there any nonexempt transactions with any party-in-interes	t? (Do not inc	lude transactions reported	10a		x		
on line 10a.)					х		·
Was the plan covered by a fidelity bond?      Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bond	, that was caused by fraud	10c		x		
or dishonesty?			10d		$\stackrel{\sim}{\vdash}$		
Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)	I of the benefi	ts under the plan? (See	10e	х			6
f Has the plan failed to provide any benefit when due under the plan	an?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	l.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i				
Part VI Pension Funding Compliance			_				
11 Is this a defined benefit plan subject to minimum funding require	nents? (If "Ye	s," see instructions and con	nplete	Sche	dule SB	(Form	′es ∏ No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ......

granting the waiver......Month

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

a 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

Yes 🛛 No

Day\_

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lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	m 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year			12b		-	
c	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)	(enter a minus sign to the le	ft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding				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 I	No	-
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another plan, or brough	nt under the o	ontrol		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.)	n to another plan(s), identify	the plan(s) t	ю.	-		
1	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			· <del>-</del> -			
	14a Name of trust		14b Trust's EIN				