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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 04/01/2014	ļ.	and ending 03	/31/2015	
A This re	eturn/report is for:	a single-employer plan		er plan (not multiemployer) nployer information in accor	,	
	ota,opo	a one-participant plan	a foreign plan			o
R This re	turn/report is	the first return/report	the final return/repo	ort		
5 1111516	tarr/report is	an amended return/report	= '	eturn/report (less than 12 m	onthe)	
		an amended return/report	Ja short plan year re	etum/report (less than 12 m	ontris)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC progr	am
		special extension (enter descripti	on)			
Part II	Basic Plan Inf	ormation—enter all requested inform	nation			
1a Name					1b Three-digit	
PATTI SMI	TH, INC. PROFIT SH	ARING RETIREMENT PLAN			plan number (PN) ▶	001
					1c Effective date of	
						1/1984
		ddress; include room or suite number (employer, if for a sin	ngle-employer plan)	2b Employer Ident	ification Number
PATTI SMIT	ΓH, INC.					327048
					2c Sponsor's telep	ohone number
	OODLAND COVE DR				425-45	55-5300
KIRKLAND,	, WA 98034				2d Business code	
20.51					5312	
3a Plan	administrator's name a	and address Same as Plan Sponsor.			3b Administrator's	EIN
					3c Administrator's	telephone number
						•
4 If the	name and/or FIN of t	he plan sponsor has changed since the	last return/report file	ed for this plan, enter the	4b EIN	
		umber from the last return/report.	ast retain, report in	od for tillo plant, office the	TO LIN	
a Spon	sor's name				4c PN	
5a Total	I number of participant	s at the beginning of the plan year			5a	4
b Total	I number of participant	s at the end of the plan year			5b	4
		n account balances as of the end of the			5c	
	,	articipants at the beginning of the plan			5d(1)	
d(2) To	otal number of active n	earticipants at the end of the plan year			5d(2)	
` '	·				3u(2)	
		terminated employment during the plar	•		5e	(
Caution:	A penalty for the late	e or incomplete filing of this return/re	port will be assess	sed unless reasonable car	use is established.	
		other penalties set forth in the instructio				
	nedule MB completed s true, correct, and cor	and signed by an enrolled actuary, as v	vell as the electronic	version of this return/repor	t, and to the best of my	y knowledge and
SIGN		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan ad	ministrator
SIGN					- J J 3 p ww	
HERE	0		- Bart	Follows (1 9 1)	had almala a	
		loyer/plan sponsor name, if applicable) and address (inclu	Date		lual signing as employ Preparer's telephone	
Toparers	o name (moluding lilli	mamo, ii applicabio, and address (iiidio	ac room or suite flui	insor / (optional)	1 repaid 3 telepilotte	, marriber (optional)

	Form 5500-SF 2014		Page 2				
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 considerable with the con	an indeper and condit	ndent qualified public accounta ions.)	nt (IC	PA)		Yes No
C	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 determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
<u>a</u>	Total plan assets	7a	9768				617
	Total plan liabilities	7b		0	_		0
	Net plan assets (subtract line 7b from line 7a)	7c	9768	346			617
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)					
b (Other income (loss)	8b	320	006			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32006
	Benefits paid (including direct rollovers and insurance premiums	ده ا	9992	771			
1	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e					
	Administrative service providers (salaries, fees, commissions)	8f	89	964			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1008235
	Net income (loss) (subtract line 8h from line 8c)	8i					-976229
j	Transfers to (from) the plan (see instructions)	8j					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charad	cterist	ic Cod	les in t	the instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)			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		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	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	
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 e	nd.)	10g		Χ	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	10g		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	ne required	d notice or one of the	10ii			
Part			·				
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 fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					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 beir granting the waiver.	-			, and e	enter tl Day	

	Form 5500-SF 2014 Page 3 - 1				
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	10	
	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 PBGC?	e control		Yes	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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2014

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OMB Nos, 1210-0110 1210-0089

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

		F Complete an entries in a					
		entification Information				rawa ar	
For calendar p	olan year 2014 or fisca		04/01/2014	and ending	03/31		
A This return	/report is for:	a single-employer plan		plan (not multiemployer) oyer information in acco		this box must attach a list orm instructions)	
r morotan	Toport is ron	a one-participant plan	a foreign plan	-, -, -, -, -, -, -, -, -, -, -, -, -, -		,	
B This return	report is	the first return/report	the final return/report				
	12.0	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)		
			O automotic extension		□ DEVC	program	
C Check box	if filing under:		automatic extension		☐ DFAC	program	
		special extension (enter descr	ription)				
Part II E	3asic Plan Inform	nation-enter all requested inf	formation				
1a Name of					1b Three-dig	Charles.	
PATTI SM	ITH, INC. PRO	FIT SHARING RETIREM	IENT PLAN		plan num	ber 001	
						date of plan	
					12/31,		
	nsor's name and addre	ss; include room or suite numbe	er (employer, if for a single	e-employer plan)	G=WAVC	Identification Number	
					2c Sponsor	s telephone number	
8486 NE	WOODLAND COVE	DR.				55-5300	
KIRKLAND		WA 98034			2d Business 531210	code (see instructions)	
	inistrator's name and a	address XSame as Plan Spons	sor,		3b Administr		
		A STATE OF THE PARTY OF THE PAR				ator's telephone number	
					ľ		
4 If the nam	e and/or EIN of the pl	an sponsor has changed since t	the last return/report filed	for this plan, enter the	4b EIN		
name, El	N, and the plan number	an sponsor has changed since t er from the last return/report.	the last return/report filed	for this plan, enter the			
name, El a Sponsor's	N, and the plan number name	er from the last return/report.			4c PN	A	
name, El a Sponsor's 5a Total num	N, and the plan number name nber of participants at	er from the last return/report.			4c PN 5a	4	
name, El a Sponsor's 5a Total num b Total num	N, and the plan number name nber of participants at the nber of participants at the	er from the last return/report. the beginning of the plan year the end of the plan year			4c PN 5a 5b	4	
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	Form 5500-SF 2014		Page 2			
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 lifyou answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an independe and condition ot use Form	ent qualified public accountant ns.) n 5500-SF and must instead	(IQPA) use Fo	rm 58	X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section 402 ⁻	1)?	<u> </u>	es No Not determined
Pa	rt III Financial Information					
7	Plan Assets and Liabilities	100	(a) Beginning of Year	_		(b) End of Year
а	Total plan assets	7a	976	5846		617
b	Total plan liabilities	7b		0		(
С	Net plan assets (subtract line 7b from line 7a)	7c	976	5846		617
8	Income, Expenses, and Transfers for this Plan Year	4	(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0		
		8a(2)		0	т	
_	(2) Participants	8a(3)				
h	(3) Others (including rollovers)	8b	32	2006	_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				32006
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	999	9271		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f		3964		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1008235
i	Net income (loss) (subtract line 8h from line 8c)	8i				-976229
j	Transfers to (from) the plan (see instructions)	8j				
Pa	rt IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charact	eristic C	odes	s in the instructions:
Par	t V Compliance Questions					
10	During the plan year:			Ye	98	No Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ction Program)	10a		х
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X

Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2A\ 2E\ 3D$	acteris	tic Co	des in	the instru	uctions	::		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	c Cod	es in th	ne instruc	ctions:			
Part	V Compliance Questions								
10	During the plan year:		Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
С	Was the plan covered by a fidelity bond?	10c	Х				2	000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х					
е	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 instructions.)	10e		х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500) and line 11a below)						Yes		No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	enticizion.		11a				_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?.		Yes	X	No

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

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

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and	d 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)				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	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?						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.)	in to another	plan(s), identi	y the plan(s) t	o			
	3c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
-	Name of trust				14b ⊤	rust's EIN		