## 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).

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit WAYPOINT OUTDOOR RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-2173522 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number PURDY ASSOCIATES, INC. 206-781-1984 WAYPOINT OUTDOOR 2d Business code (see instructions) 1434 ELLIOTT AVE. W., SUITE B 423910 SEATTLE, WA 98119 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 19 5a Total number of participants at the beginning of the plan year ...... 5b 18 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 18 5c complete this item)..... 15 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 14 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 2 than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

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 true, correct, and complete.

<u>bellet, it is t</u>	rue, correct, and complete.						
SIGIA	Filed with authorized/valid electronic signature.	07/31/2017	JIM PURDY				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number			

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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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	☐ No
	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								X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not deter	mined
	rt III   Financial Information				- ,		1	<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		207544			'	(b) Liid	1635956	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	207544					1635956	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Total	
а	Contributions received or receivable from:		`,							
	(1) Employers	8a(1)		186704						
	(2) Participants	8a(2)		170436	_					
	(3) Others (including rollovers)	8a(3)		17813						
	Other income (loss)	8b		152826	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							527779	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		99367						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							99367	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							428412	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	<u>, oj</u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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 by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					10
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	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	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

### 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Information		and anding 40%	24/2046			
For calenda	r plan year 2016 or i	fiscal plan year beginning 01/01/201		and ending 12/3		Line this have much attach a		
X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this be list of participating employer information in accordance with the for								
A mis retu	im/report is for.	a one-participant plan	a foreign plan	inployer illiorniation in a	ocordanoc v	with the form motivations.		
B This retur	rn/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	nonths)			
C Chook by	ox if filing under:				Прпи			
C Check be	ox ir filling under.	Form 5558	automatic extension		☐ DFVC p	rogram		
		special extension (enter descri						
Part II		ormation—enter all requested info	ormation		41			
1a Name o	•	MENT DI ANI			1b Thre	number		
WAYPOINT	OUTDOOR RETIRE	MENT PLAN			(PN)	1 001		
					1c Effec	ctive date of plan		
					01/0	1/2013		
		oyer, if for a single-employer plan)	Pay)			loyer Identification Number		
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		ructions)		91-2173522		
	OCIATES, INC.	3, ,	, ,	,	2C Spoi	nsor's telephone number (206) 781-1984		
WAYPOINT C	DUTDOOR				2d Rusi	ness code (see instructions)		
1434 ELLIOT	T AVE. W., SUITE B				4239			
1404 EEEIO I	TAVE. VV., COTTE B	'						
SEATTLE, WA								
3a Plan adı	ministrator's name a	ınd address Ⅺ Same as Plan Spon	sor.		3b Administrator's EIN			
					3c Adm	inistrator's telephone number		
4 If the na	ame and/or EIN of th	ne plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN			
		umber from the last return/report.			Ac DV			
a Sponsor					4c PN	10		
<b>5a</b> Total nu	umber of participants	s at the beginning of the plan year			5a	19		
		s at the end of the plan year			5b	18		
		account balances as of the end of the			5c	18		
					5d(1)	15		
	•	articipants at the beginning of the pla			5d(2)	14		
		articipants at the end of the plan yea t terminated employment during the						
than 10	00% vested				5e	2		
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable ca	use is esta	plished.		
Under penals	ties of perjury and of Jule MB completed a	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, i declare that i have s well as the electronic vei	examined this return/re rsion of this return/repor	port, includi	best of my knowledge and		
belief, it is tru	ue correct, and com	iplete.						
SIGN		Junds	<b>√7</b> -31-17	x Jim y u	ROY			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor		
		name, if applicable) and address (inc				s telephone number		
	_							
1								

	ı	Form 5500-SF 2016		Page 2		_		
b	Are you under	all of the plan's assets during the plan year invested in eligit u claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can	an independent and conditions not use Form t	t qualified public ad .) 5500-SF and must	ccountant (IQF	PA)  Form 5500.	X Yes [	No
C	If the p	lan is a defined benefit plan, is it covered under the PBGC i	nsurance progr	am (see ERISA see	ction 4021)?	Yes No	o Not determ	nined
Pa	rt III	Financial Information						
_								

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1207544	1635956
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1207544	1635956
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	186704	
	(2) Participants	8a(2)	170436	
	(3) Others (including rollovers)	8a(3)	17813	
b	Other income (loss)	8b	152826	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		527779
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	99367	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		99367
i	Net income (loss) (subtract line 8h from line 8c)	8i		428412
j	Transfers to (from) the plan (see instructions)	8i		

#### Part IV **Plan Characteristics**

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

### Part V **Compliance Questions**

10	During the plan year:		Yes	No	N/A	Amount
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		
C	Was the plan covered by a fidelity bond?	10c		Χ		
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			10
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		Χ		-
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				

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	-					res No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?				f	П	res X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		ns, and	d enter t Day		of the lette Year_	r ruling
If	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			
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 (enter a minus sign to 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?				Yes	s X N	0
	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 broucontrol of the PBGC?					Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the p	lan(s)	) to			
	13c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3	) PN(s)
Part	VIII Trust Information						
14a	Name of trust			14b ⊺	rust's E	EIN	
14c	Name of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	IRS Compliance Questions						
	Is the plan a 401(k) plan? If "No," skip b		Yes		[	No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	L	Desig safe h	n-based arbor		"Prior ye test	ar" ADP
	40 (K)(3) for the plan year? Check all that apply.	Ш.	Curre	ent year" est		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	ப	Yes		[	No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the	date	of the m	ost rece	ent determir	nation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?		rom	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes		No	