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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pe	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	rt I	Annual Report	Identification Information						
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	012		and ending	12/31/2	2012	
		urn/report is for:	X a single-employer plan [an (not multiemployer)		a one-particip	oant plan
ВТ	his ret	urn/report is:	the first return/report	H	nal return/report				
			x an amended return/report	a shor	t plan year return	/report (less than 12 m	onths))	
C 0	heck b	oox if filing under:	Form 5558	auton	natic extension			DFVC progra	ım
			special extension (enter descrip	otion)					
Pai	rt II	Basic Plan Info	rmation—enter all requested infor	mation					
		of plan					1b	Three-digit	
SEATT	TLE SF	PORTS LEAGUES, INC	C. 401(K) PLAN					plan number	
								(PN) •	001
							1c	Effective date o	•
0				, .			01	01/01	
		ponsor's name and add PORTS LEAGUES, IN	dress; include room or suite number C.	(employe	er, if for a single-e	employer plan)	26	Employer Identi (EIN) 80-00	fication Number 10587
							2c	Sponsor's telep	hone number
		E N STE D						206-25	1-8326
SEAT	ILE, W	VA 98109					2d	Business code (71390	see instructions)
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponsor	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
								, (a	.0.00
			plan sponsor has changed since the	e last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
		•	nber from the last return/report.				4-		
	•	or's name					4c	PN	
			at the beginning of the plan year				5a		13
b	Total r	number of participants	at the end of the plan year				5b		10
			account balances as of the end of the		`	•	5c		10
			s during the plan year invested in elig						X Yes No
_		·	the annual examination and report of		•	•			
			? (See instructions on waiver eligibilit	-					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan car	nnot use	Form 5500-SF	and must instead use	Form	5500.	
			or incomplete filing of this return/r	-					
			ner penalties set forth in the instruction						
		rue, correct, and comp	nd signed by an enrolled actuary, as blete.	well as the	ne electronic vers	sion of this return/report	ı, and	to the best of my	knowledge and
	,								
SIGN		Filed with authorized/\	valid electronic signature.	04	4/26/2013	SHAWN MADDEN			
1121	_	Signature of plan ac	dministrator	D	ate	Enter name of individ	ual siç	gning as plan adn	ninistrator
SIGN									
HER	E	Signature of employ	yer/plan sponsor	D	ate	Enter name of individ	ual sic	gning as employe	r or plan sponsor
							number (optional)		

Form 5500-SF 2012 Page **2**

Por	+ III Einangial Information		-						
<u> Par</u>	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac		1		(h) End of Voor		
	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year 197467			
	Total plan liabilities	7a 7b	1032	183210 19					
	Net plan assets (subtract line 7b from line 7a)	7c	18321	0			197467		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	1262	23					
	(2) Participants	8a(2)	1367	73					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	766	8					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					33964		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1955	7					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	15	0					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19707		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					14257		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 2F 2G 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
.	W 0 11								
Part	•				V	NI -	<u> </u>		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	ı	Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	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		125000		
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 oth			100					
	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X		188		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a					X			
g h				10g					
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
<u>11a</u>	11a Enter the amount from Schedule SB line 39								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				T		
<u>b</u>	Enter the minimum required contribution for this plan year					12b			

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			1	
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 left of a negative amount)	12d		
<u>e</u>	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 X No	
	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 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	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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).

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 12/31/2012 For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending X a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number SEATTLE SPORTS LEAGUES, INC. 401(K) PLAN 001 (PN) Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SEATTLE SPORTS LEAGUES, INC. (EIN) 80-0010587 2c Sponsor's telephone number 305 9TH AVE N STE D 206-251-8326 2d Business code (see instructions) 981.09 713900 SEATTLE 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 13 b Total number of participants at the end of the plan year 5b 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 10 complete this item)..... Yes 🗌 No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. 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. SHAWN MADDEN SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

Date

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Pa	rt III Financial Information									_
7	Plan Assets and Liabilities	70.45	(a) Beginning of Yea	r			(b) End	of Year		
а	Total plan assets	7a	18	3321	0				198	3794
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	18	3321	0				198	3794
8	Income, Expenses, and Transfers for this Plan Year	35-145	(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	1	L395	0					
	(2) Participants	8a(2)	1	1367	3	175	011100	Jins.		
	(3) Others (including rollovers)	8a(3)			623	見る			14.5%	
b	Other income (loss)	8b		766	6	9 18			gelle.	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		walls					3 !	5289
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	=	1955	5					
е	Certain deemed and/or corrective distributions (see instructions)	8e			Jan	10			72	
f	Administrative service providers (salaries, fees, commissions)	8f		15	0					
g	Other expenses	8g			8	1 L		No. 1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19	9705
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		HUIS					1.	5584
j	Transfers to (from) the plan (see instructions)	- 8j			180	1013			1	
Pa	rt IV Plan Characteristics									
b	2A 2E 2J 2K 3D 2F 2G 2R If the plan provides welfare benefits, enter the applicable welfare for the second	eature code	es from the List of Plan Charac	cteristi	ic Cod	es in t	he instruct	ions:		
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within uciary Corre	the time period described in ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х				1	0000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)			10e	Х					188
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х				
- h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х	10 Table	11:		Y.J.
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			101						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes [No
118	11a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes 🛭	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mon		, and e	enter tl Day	he date of	the lette Year	er ruling	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedul				- 1	401	1			
	Enter the minimum required contribution for this plan year					12b	I			

	Form 5500-SF 2012 Page 3 -								
	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?		Yes X No						
	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 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), identify the planth assets or liabilities were transferred. (See instructions.)	an(s) to							
, 1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)				
,									
Part	VIII Trust Information (optional)								
14a	14a Name of trust				14b Trust's EIN				

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).

2012

2012

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calenda		01/2012	and ending	12/31/20	12				
A This retu	urn/report is for: 🗵 a single-employer plan 🔲 a	multiple-employer pla	an (not multiemployer)) a one-participant plan					
B This retu	urn/report is:	he final return/report							
	$\overline{\mathbb{X}}$ an amended return/report $\overline{}$ a	short plan year return	/report (less than 12 mo						
C Check b	pox if filing under: Form 5558	automatic extension		DFVC prog	gram				
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested informat	ion							
1a Name				1b Three-digit					
SEATTLI	E SPORTS LEAGUES, INC. 401(K) PLAN			plan number (PN) ▶	001				
				1c Effective date 01/01/20					
0		-l Managinals	laves plan)						
	oonsor's name and address; include room or suite number (em E SPORTS LEAGUES, INC.	iployer, if for a single-	employer plan)	2b Employer Ide (EIN) 80 - 0					
305 9TH	H AVE N STE D			2c Sponsor's tel 206-251-	•				
					le (see instructions)				
SEATTLE				713900					
3a Plan ad	dministrator's name and address XSame as Plan Sponsor Na	me XSame as Plan	Sponsor Address	3b Administrator	's EIN				
				3c Administrator	's telephone number				
4 If the r	name and/or EIN of the plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b EIN					
	, EIN, and the plan number from the last return/report.			4c PN					
a Sponse	or's name number of participants at the beginning of the plan year								
	number of participants at the end of the plan year				13				
	er of participants with account balances as of the end of the pl			35					
	lete this item)			5c	10				
6a Were	all of the plan's assets during the plan year invested in eligible	e assets? (See instruc	tions.)		X Yes No				
b Are yo	ou claiming a waiver of the annual examination and report of a	n independent qualifie	d public accountant (IQ	PA)	X Yes No				
	29 CFR 2520.104-46? (See instructions on waiver eligibility at answered "No" to either line 6a or line 6b, the plan canno				M 100 110				
	A penalty for the late or incomplete filing of this return/repo								
	alties of perjury and other penalties set forth in the instructions				olicable, a Schedule				
SB or Sche	edule MB completed and signed by an enrolled actuary, as wel true, correct, and complete.								
SIGN	In 0.2		SHAWN MADDEN						
HERE	Signature of plan administrator	Date 4/23/13	Enter name of individ	lual signing as plan	administrator				
SIGN		1 7							
HERE	UEDE			lual signing as emple	oyer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include				one number (optional)				
-									
1				1					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	rt III Financial Information					_					_
7	Plan Assets and Liabilities	11 II V	(a) Beginning of Yea	ır			(b) End	of Y	ear		
а	Total plan assets	. 7a		3321	.0					197	7467
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	18	3321	.0					197	7467
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from:	0-(4)		1262	3			Į.			Ь
-	(1) Employers	8a(1)		1367	_		-	-		-	-
-	(2) Others (in all dies as Newson)	8a(2)		1507	3	11550		+		+	
	(3) Others (including rollovers)	8a(3) 8b		766	8			-		-	-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		, 00						3 3	3964
d	Benefits paid (including direct rollovers and insurance premiums	00				H		5.0			
	to provide benefits)	. 8d		1955	7	- 77	HILL .	wi.			
е	Certain deemed and/or corrective distributions (see instructions)	8e			Yn.	The state of					
_ <u>f</u> _	Administrative service providers (salaries, fees, commissions)	. 8f		15	0						
g	Other expenses	. 8g			1	Y.			HX,		
<u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								19	707
į.	Net income (loss) (subtract line 8h from line 8c)	8i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						_	14	1257
	Transfers to (from) the plan (see instructions)	8j			10						
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 2F 2G 2R If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.										
Par 10	t V Compliance Questions During the plan year:				Yes	No	1	•			
a				10a	100	Х		AIII	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	lude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	х					125	5000
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 oth insurance service or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e	х						188
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10g		Х					
h		(See instruct	ions and 29 CFR	10h		Х				1	ď-
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 required n 1-3	otice or one of the	10i					1		
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	s," see instructions and com	plete	Sched	lule SE	3 (Form		Yes	s 🗍	No
_11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	le.)								
a	granting the waiver.		Mon	ctions th	and e	nter tl Day		the le		uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year				811	12b					

	Form 5500-SF 2012	Page 3 -			
С	Enter the amount contributed by the employer to the plan for this plan yea	ar	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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?			res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b ⊺ı	rust's EIN	