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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	T	Complete all entries in acco	idance with the mstru	ctions to the Form 550	Ю- Э Г.					
Part I		Identification Information	40		10/01/0	2010				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	<u>12</u> -	and ending	12/31/2	<u>2012</u>				
A This ret	turn/report is for:	X a single-employer plan		lan (not multiemployer)	yer) a one-participant plan					
B This ret	turn/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 Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m			
		special extension (enter description	ion)							
Part II	Basic Plan Info	rmation—enter all requested inform	nation							
1a Name					1b	Three-digit				
FAIRPLAY R	RETIREMENT PLAN					plan number	001			
					10	(PN) FEFFECTIVE date of				
					10	01/01/	•			
	ponsor's name and add	dress; include room or suite number (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 27-0793793					
5260 CARIL	I ON POINT				2c	Sponsor's telepl				
KIRKLAND,					2d	2d Business code (see instructions				
3a Plan a	dministrator's name an	d address X Same as Plan Sponsor	Name Same as Plai	n Sponsor Address	3b	Administrator's E				
		ь .	ш	·	0 -					
					3C	Administrator's t	elephone number			
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN				
	, EIN, and the plan nun or's name	nber from the last return/report.			4c	PN				
		at the beginning of the plan year			5a	T	12			
b Total r	number of participants	at the end of the plan year			5b		14			
		account balances as of the end of the	. , ,	•	5c		7			
·	•	during the plan year invested in eligi					X Yes No			
		the annual examination and report of								
		(See instructions on waiver eligibility					X Yes No			
lf you	answered "No" to ei	ther line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.				
		or incomplete filing of this return/re								
SB or Sche		ner penalties set forth in the instruction ad signed by an enrolled actuary, as v olete.								
SIGN	Filed with authorized/v	valid electronic signature.	05/09/2013	GINGER PATMORE						
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ıning as plan adm	ninistrator			
SIGN										
HERE	Signature of employ		Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address; inclu	de room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)			

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Par	t III Financial Information					—					
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of Y	ear		
	Total plan assets	7a	28615			78065				5	
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	28615				78065				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(1)								
	(1) Employers	8a(1)	1582	.8							
	(2) Participants	8a(2)	2562	29							
	(3) Others (including rollovers)	8a(3)	280	00							
	Other income (loss)	8b	519	93							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							49450)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4945	0	
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 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the inst	ruction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes	s in t	he instru	uctions			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Λ			
a	Was there a failure to transmit to the plan any participant contribut			40-		X		AIII	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X					
	on line 10a.)			10b		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's			100							
	or dishonesty?			10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
				10f			<u> </u>				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u>, </u>	10g		X					
h	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											
11a											
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA?	<u></u>] [Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	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										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year				12	2b					

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	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 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		identification informatio					10.5%=			
For calenda	ar plan year 2012 or fi	_	1/2012		and ending 1	2/31/	2012			
A This reti	urn/report is for:	a single-employer plan	a mul	tiple-employer pla	n (not multiemployer)		a one-partici	pant plan		
B This reti	urn/report is:	the first return/report	the fi	nal return/report	20 20 200 200					
		an amended return/report	a shor	t plan year return/	report (less than 12 mo	onths	Ď			
C Check b	oox if filing under:	Form 5558	F-1	natic extension			DFVC progra	am		
		special extension (enter des	scription)				☐ Di vo piogra	311		
Part II	Basic Plan Info	prmation—enter all requested	manage property and							
1a Name		The same of the sa	mormation			16	The state of			
	RETIREMENT PLAN					TD.	Three-digit plan number			
							(PN) ▶	001		
					3	1c	Effective date o			
2a Plan sp FAIRPLAY P	oonsor's name and ac	ddress; include room or suite num	ber (employ	er, if for a single-e	mployer plan)	2b	Employer Identi	fication Number		
						2c	(EIN) 27-079 Sponsor's telep			
5260 CARIL	LON POINT						(425) 29			
KIRKLAND.	WA 98033		70)		W-DE-	2d	Business code 522292	(see instructions)		
3a Plan ad	dministrator's name a	nd address Same as Plan Spo	nsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN		
						3c	Administrator's	telephone number		
						-	A CHANGE A COLOR	teleprione number		
				2 7/2		L.,				
		e plan sponsor has changed sind imber from the last return/report.	e the last re	lurn/report filed for	this plan, enter the	4b	EIN			
a Spons	1 <u></u>	anioor nom the last returnineport.				Ac.	PN			
	San Marriage Co.	s at the beginning of the plan yea	r			5a		12		
		s at the end of the plan year				5b		14		
C Numb	er of participants with	account balances as of the end	of the plan y	ear (defined benef	it plans do not	00		17		
		WW.	3.55			5c	No.	7		
6a Were	all of the plan's asse	ts during the plan year invested in	n eligible ass	ets? (See instructi	ons.)		***************************************	X Yes No		
under	29 CFR 2520.104-46	of the annual examination and rep 6? (See instructions on waiver eli	oon or an ind aibility and co	ependent qualified	public accountant (IQI	PA)		X Yes ∏ No		
If you	answered "No" to	either line 6a or line 6b, the pla	n cannot us	e Form 5500-SF a	ind must instead use	Form	5500.	₩ 100 U W		
		or incomplete filing of this ret		200000000000000000000000000000000000000				1		
Under pena	alties of perjury and o	ther penalties set forth in the inst	ructions. I de	clare that I have e	xamined this return/ren	ort i	actuding if applic	able, a Schedule		
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuan	/, as well as	the electronic vers	ion of this return/report	, and	to the best of my	knowledge and		
CION:	V Na 15	PL	,	5-3-203	1 (2 2 2 1)					
SIGN HERE	A CONTRACTOR	17amine						DE CONTRACTOR DE		
	Signature of plan	administrator		Date	Enter name of individu	ual si	gning as plan adr	mînistrator		
SIGN										
1810-0-0-1-1-1		oyer/plan sponsor		Dale	Enter name of individu	ual siç	gning as employe	er or plan sponsor		
Preparer's	name (including tilm	name, if applicable) and address	, include roo	m or suite number	(optional)	Prep	parer's telephone	number (optional)		

Par	t III Financial Information							
_7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
a	Total plan assets	. 7a	2861	4			78065	
b_	Total plan liabilities	. 7b					70000	
c	Net plan assets (subtract line 7b from line 7a)	7c	2861	5			78065	
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers						(5)	
	(2) Participants	. 8a(2)	2562	9				
	(3) Others (including rollovers)	. 8a(3)	280	300				
b	Other income (loss)	. 8b	519	3				
C_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	185-28				49450	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4		15%		2000	10 100	
	Certain deemed and/or corrective distributions (see instructions)	. 8d		- 19				
		8e						
	Administrative service providers (salaries, fees, commissions)	. 8f			 	-		
	Other expenses				-			
	Total expenses (add lines 8d, 8e, 8f, and 8g)							
_	Net income (loss) (subtract line 8h from line 8c)				1.00		49450	
	Transfers to (from) the plan (see instructions)	· 8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
	ZE 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	Soluro cod	en from the List of Disc. Of			S W W		
1815	if the plan provides we have benefits, enter the applicable we have i	eature cou	es from the List of Plan Charac	cierist	ic Cod	es in ti	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:		7 7 70 70		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 rection Program)	10a		х	Amount	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not i	include transactions reported	10b		x		
c	AND THE STATE OF T		The state of the s	10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or ot	her person	s by an insurance carrier.	,				
	insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
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 a	as of year e	end.)	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 2520.10	the require	d notice or one of the	10i	9.	•		
Part		V			-	٠,		
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "	Yes," see instructions and com	plete	Sched	ule SE	(Form Yes No	
11a	11a Enter the amount from Schedule SB line 39							
12	Is this a defined contribution plan subject to the minimum funding				100000		ERISA? Yes No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)	8 -	30-1			
	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.							
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedu							
b	Enter the minimum required contribution for this plan year					12b		

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C	Enter the amount contributed by the employer to the plan for	r this plan year	12c	Ī		
d		Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be me			Yes	No ∏ N/A	
Part					113	
13a	Has a resolution to terminate the plan been adopted in any plan	year?		es 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 benefic of the PBGC?	ciaries, transferred to another plan, or brought under the	e control		☐ Yes ☒ No	
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions	rred from this plan to another plan(s), identify the plan(s)	i) lo			
1	13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)			W-105		
		14b Tr	14b Trust's EIN			
			120			

. . . .