

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>SLALOM, LLC 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1996</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SLALOM, LLC.</u> <u>821 2ND AVENUE</u> <u>SUITE 1900</u> <u>SEATTLE, WA 98104</u>	2b Employer Identification Number (EIN) <u>84-1246887</u>	2c Sponsor's telephone number <u>206-438-5691</u>	2d Business code (see instructions) <u>541600</u>

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2013	NIKI SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2013	NIKI SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address SLALOM, LLC. 821 2ND AVENUE SUITE 1900 SEATTLE, WA 98104		3b Administrator's EIN 84-1246887
		3c Administrator's telephone number 206-438-5691
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1595
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1679
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	529
d Subtotal. Add lines 6a , 6b , and 6c	6d	2209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	2210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2128
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T 3B 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SLALOM, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SLALOM, LLC.</u>	D Employer Identification Number (EIN) <u>84-1246887</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PURSHÉ KAPLAN STERLING INV

13-3749682

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 61	ADVISOR	37971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	8125	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PURSHE KAPLAN STERLING INV	61	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>OPPHMR MS SM&MD CP Y - OPPENHEIMERF</p> <p>13-2953455</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$5M+=0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DREY BASIC S&P 500 - DREYFUS TRANSF</p> <p>13-2614959</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>HTFD HEALTHCARE R5 - HARTFORD ADMIN</p> <p>41-0679409</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS GRTH & INC Y - INVESCO INVESTM 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM INTL EQ IDX SEL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.05%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM US REAL EST SEL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR MS SM&MD CP Y - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF MIDCAP BLEND I - PRINCIPAL SHAR P.O. BOX 8024 BOSTON, MA 02266-8024	0.10%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU FINL SRVS Z - PRUDENTIAL MUTUAL 22-3703799	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R5 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP NEW AM GRTH ADV - T. ROWE PRICE 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP REAL ESTATE - T. ROWE PRICE SER 52-2269240	0.15%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP SPECTRUM INCOME - T. ROWE PRICE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan SLALOM, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SLALOM, LLC.	D Employer Identification Number (EIN) 84-1246887	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1583134	2280856
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1286597	1302539
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	689741	1267400
	(9) Value of interest in common/collective trusts.....	1c(9)	1921244	2646846
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	40250788	59531008
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45731504	67028649

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45731504	67028649
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2281710	
(B) Participants	2a(1)(B)	14042578	
(C) Others (including rollovers)	2a(1)(C)	2334153	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18658441
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	36550	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36682
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1162222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1162222
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		60221
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5084129
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		25001695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3648485	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3648485
f Corrective distributions (see instructions)	2f		9107
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	46958	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		46958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3704550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21297145
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SMITH BUNDAY BERMAN BRITTON, P.S.

(2) EIN: 91-1275259

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SLALOM, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SLALOM, LLC.</u>	D Employer Identification Number (EIN) <u>84-1246887</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Annual Return/Report of Employee Benefit
Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the form 5500.

OMB Nos. 1210-0110
1210-0089

2012

**This Form is Open to
Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A This return/report is for:

(1) ☐ a multiemployer plan;

(3) ☐ a multiple-employer plan; or

(2) ☒ a single-employer plan;

(4) ☐ a DFE (specify)
[]

B This return/report is:

☐ The first return/report;

☐ The final return/report;

☐ An amended return/report;

☐ A short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐

☒ Form 5558;

☐ Automatic Extension;

☐ the DFVC program;

D Check box if filing under:

☐ special extension (enter description) []

Part II Plan Basic Information - enter all requested information.

1a Name of Plan

Slalom, LLC 401(k) Plan

1(b) Three-digit plan number (PN)

001

1c Effective date of plan

01/01/1996

2a Plan sponsor's name and address; Include room or suite number (employer, if for a single-employer plan)

Slalom, LLC.

2b Employer Identification
Number (EIN)

841246887

821 2nd Avenue

2c Sponsor's telephone number

2064385691

Suite 1900

Seattle

2d Business code (see
instructions)

541600

WA

98104

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 accompanying schedules, statements and attachments, 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.

Sign Here			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
Sign Here			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Sign Here			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

--

3a Plan administrator's name and address

☐ Same as Plan Sponsor Name

☐ Same as Plan Sponsor Address

3b Administrator's EIN

Slalom, LLC.
821 2nd Avenue Suite 1900
Seattle
WA
98104

841246887

3c Administrator's telephone number

2064385691

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

--

4c PN

--

5 Total number of participants at the beginning of the plan year

51595

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).

a Active participants

6a1679

b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits	6c	529
d Subtotal. Add lines 6a, 6b, and 6c	6d	2209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	2210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	2128
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic codes in the instructions:

2F	2G	2J	2K	2S	2T	3B	3D		

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the numbers attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Schedule C (FORM 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan

Slalom, LLC 401(k) Plan

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

Slalom, LLC.

D Employer Identification Number (EIN)
841246887

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

Address1

042647786

Address2

City

State

Zip

Country

2 Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
Name	PURSHE KAPLAN STERLING INV			Address1		
EIN	133749682			Address2		
				City		
				State		
				Zip		
				Country		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0-	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	Did the service provider give you a formula instead of an amount or estimated amount?
27, 61	ADVISOR	37,971	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	<input checked="" type="radio"/> Yes <input type="radio"/> No

(a) Enter name and EIN or address (see instructions)						
Name	FIDELITY INVESTMENTS INSTITUTIO			Address1		
EIN	042647786			Address2		
				City		
				State		
				Zip		
				Country		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0-	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	Did the service provider give you a formula instead of an amount or estimated amount?
64, 37, 65, 60	RECORDKEEPER	8,125	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	<input checked="" type="radio"/> Yes <input type="radio"/> No

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PURSHE KAPLAN STERLING INV		61	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>OPPHMR MS SM&MD CP Y - OPPEN</div> <div>EIN</div> <div>132953455</div> </div> <div> <div>Add1</div> <div>Add2</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>	<div>\$5M+=0.25%</div>		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>DREY BASIC S&P 500 - DREYFUS TF</div> <div>EIN</div> <div>132614959</div> </div> <div> <div>Add1</div> <div>Add2</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>	<div>0.15%</div>		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
HTFD HEALTHCARE R5 - HARTFOR	Add2		
EIN	City		
410679409	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
INVS GRTH & INC Y - INVESCO INVE	Add2		
EIN	City		
	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.05%	
JPM INTL EQ IDX SEL - BOSTON FIN	Add2		
EIN	City		
	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
JPM US REAL EST SEL - BOSTON FI	Add2		
EIN	City		
	State		
	Zip		
	Country		
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
OPPHMR MS SM&MD CP Y - OFI GLI	Add2		
EIN	City		
	State		
	Zip		
	Country		
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.10%	
PIF MIDCAP BLEND I - PRINCIPAL S	Add2		
EIN	City		
	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
PRU FINL SRVS Z - PRUDENTIAL MI	Add2		
EIN	City		
223703799	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
THORNBURG INT VAL R5 - BOSTON	Add2		
EIN	City		
	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.40%	
TRP NEW AM GRTH ADV - T. ROWE	Add2		
EIN	City		
522269240	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>TRP REAL ESTATE - T. ROWE PRICE</div> <div>Add1</div> <div>Add2</div> <div>EIN</div> <div>522269240</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		<div>0.15%</div>	

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>TRP SPECTRUM INCOME - T. ROWE PRICE</div> <div>Add1</div> <div>Add2</div> <div>EIN</div> <div>522269240</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		<div>0.15%</div>	

Part II Service Providers Who Fail or Refuse to Provide Information

4. Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)		(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
Name	Add1		
	Add2		
EIN	City		
	State		
	Zip		
	Country		

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

(b) Name of sponsor of entity listed in (a)

(c) EIN
PN

(d) Entity
code

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE
at end of year (see instructions)

(a) Name of MTIA, CCT, PSA, or 103-12IE

(b) Name of sponsor of entity listed in (a)

(c) EIN
PN

(d) Entity
code

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE
at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

[illegible]

**Schedule H
(FORM 5500)**Department of the
Treasury

Internal Revenue Service

Department of Labor
Employee Benefits

Security Administration

Pension Benefit Guaranty
Corporation**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012**This Form is Open to
Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Slalom, LLC 401(k) Plan**B** Three-digit
plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500
Slalom, LLC.**D** Employer Identification Number (EIN)
841246887**Part I Asset and Liability Statement**

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

ASSETS

- a** Total noninterest-bearing cash
- b** Receivables (less allowance for doubtful accounts):
- (1) Employer contributions
 - (2) Participant contributions
 - (3) Other
- c** General Investments:
- (1) Interest-bearing cash (include money market accounts & certificates of deposit)
 - (2) U.S. Government Securities
 - (3) Corporate Debt instruments (other than employer securities)
 - (A) Preferred
 - (B) All other
 - (4) Corporate stocks (other than employer securities)
 - (A) Preferred
 - (B) Common
 - (5) Partnership/joint venture interests
 - (6) Real estate (other than employer real property)
 - (7) Loans (other than to participants)
 - (8) Participant loans
 - (9) Value of interest in common/collective trusts
 - (10) Value of interest in pooled separate accounts
 - (11) Value of interest in master trust investment accounts
 - (12) Value of interests in 103-12 investment entities
 - (13) Value of interest in registered investment companies (e.g. mutual funds)
 - (14) Value of funds held in insurance company general account (unallocated contracts.)
 - (15) Other
- d** Employer-related investments:
- (1) Employer securities
 - (2) Employer real property
- e** Buildings and other property used in plan operation
- f** Total assets (add all amounts in lines 1a through 1e)

LIABILITIES

- g** Benefit claims payable
- h** Operating payables
- i** Acquisition indebtedness
- j** Other liabilities
- k** Total Liabilities (add all amounts in lines 1g through 1j)

NET ASSETS

- l** Net assets (subtract line 1k from line 1f)

	(a) BOY	(b) EOY
1a	0	0
1b(1)	1,583,134	2,280,856
1b(2)	0	0
1b(3)	0	0
1c(1)	1,286,597	1,302,539
1c(2)	0	0
1c(3)(A)	0	0
1c(3)(B)	0	0
1c(4)(A)	0	0
1c(4)(B)	0	0
1c(5)	0	0
1c(6)	0	0
1c(7)	0	0
1c(8)	689,741	1,267,400
1c(9)	1,921,244	2,646,846
1c(10)	0	0
1c(11)	0	0
1c(12)	0	0
1c(13)	40,250,788	59,531,008
1c(14)	0	0
1c(15)	0	0
1d(1)	0	0
1d(2)	0	0
1e	0	0
1f	45,731,504	67,028,649
1g	0	0
1h	0	0
1i	0	0
1j	0	0
1k	0	0
1l	45,731,504	67,028,649

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

INCOME

(a) Amount (b) Total

a Contributions:

- (1) Received or receivable in cash from: (A) Employers
- (B) Participants
- (C) Others (including rollovers)
- (2) Noncash contributions
- (3) Total contributions. Add lines 2a(1)(A),(B),(C), and line 2a(2)

2a(1)(A)	2,281,710	
2a(1)(B)	14,042,578	
2a(1)(C)	2,334,153	
2a(2)	0	
2a(3)		18,658,441

b Earnings on investments:

- (1) Interest:
 - (A) Interest-bearing cash (including money market accounts and certificates of deposit)
 - (B) U.S. Government Securities
 - (C) Corporate debt instruments
 - (D) Loans (other than to participants)
 - (E) Participant Loans
 - (F) Other
 - (G) Total interest. Add lines 2b(1)(A) through (F)
- (2) Dividends: (A) Preferred stock
- (B) Common stock
- (C) Registered investment company shares (e.g. mutual funds)
- (D) Total dividends. Add lines 2b(2)(A),(B), and (C)
- (3) Rents:
- (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds
- (B) Aggregate carrying amount (see instructions)
- (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result
- (5) Unrealized appreciation (depreciation) of assets: (A) Real estate
- (B) Other
- (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)
- (6) Net investment gain (loss) from common/collective trusts
- (7) Net investment gain (loss) from pooled separate accounts
- (8) Net investment gain (loss) from master trust investment accounts
- (9) Net investment gain (loss) from 103-12 investment entities
- (10) Net investment gain (loss) from registered investment companies (e.g. mutual funds)

2b(1)(A)	132	
2b(1)(B)	0	
2b(1)(C)	0	
2b(1)(D)	0	
2b(1)(E)	36,550	
2b(1)(F)	0	
2b(1)(G)		36,682
2b(2)(A)	0	
2b(2)(B)	0	
2b(2)(C)	1,162,222	
2b(2)(D)		1,162,222
2b(3)		0
2b(4)(A)	0	
2b(4)(B)	0	
2b(4)(C)		0
2b(5)(A)	0	
2b(5)(B)	0	
2b(5)(C)		0
2b(6)		60,221
2b(7)		0
2b(8)		0
2b(9)		0
2b(10)		5,084,129
2c		0
2d		25,001,695

c Other income

d Total income. Add all income amounts in column (b) and enter total

EXPENSES

e Benefit payment and payments to provide benefits:

- (1) Directly to participants and or beneficiaries, including direct rollovers
- (2) To insurance carriers for the provision of benefits
- (3) Other
- (4) Total benefit payments. Add lines 2e(1) through (3)

f Corrective distributions (see instructions)

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administration expenses: (1) Professional fees

- (2) Contract administrator fees
- (3) Investment advisory and management fees
- (4) Other fees

(5) Total administrative expenses. Add lines 2i(1) through 2i(4)

j Total expenses. Add all expense amounts in column (b) and enter total

Net Income and Reconciliation

k Net income (loss). subtract line 2j from line 2d

l Transfers of assets

- (1) To this plan
- (2) From this plan

2e(1)	3,648,485	
2e(2)	0	
2e(3)	0	
2e(4)		3,648,485
2f		9,107
2g		0
2h		0
2i(1)	0	
2i(2)	0	
2i(3)	0	
2i(4)	46,958	
2i(5)		46,958
2j		3,704,550
2k		21,297,145
2l(1)		0
2l(2)		0

Part III Accountants Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

c Enter the name and EIN of the accountant (or accounting firm) below:

911275259

Smith Bunday Berman Britton, P.S.

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if Yes is checked, and see instructions for format requirements)

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

Page instance 1

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

**Schedule R
(FORM 5500)**Department of the
Treasury

Internal Revenue Service

Department of Labor
Employee Benefits

Security Administration

Pension Benefit Guaranty
Corporation**Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058 (a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012**This Form is Open to
Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan

Slalom, LLC 401(k) Plan

B Three-digit
plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

Slalom, LLC.

D Employer Identification Number (EIN)

841246887

Part I Distributions**All references to distributions relate only to payments of benefits during the plan year.**

- 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions
- 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s):

Profit sharing plans, ESOPs, and stock bonus plans, skip line 3.

- 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d) (2)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

- 5 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 ruling letter granting the waiver

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

- 6a Enter the minimum required contribution for this plan year

- b Enter the amount contributed by the employer to the plan for this plan year

- c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

If you completed line 6c, skip lines 8 and 9.

- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
- 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

- 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs

(See Instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this part.

- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No
- 11a Does the ESOP hold any preferred stock? ☐ Yes ☐ No
- 11b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" ☐ Yes ☐ No

loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Yes	<input type="checkbox"/> No



October 3, 2013

Smith Bunday Berman Britton, P.S.
11808 Northup Way, Suite 240
Bellevue, Washington 98005-1922

This representation letter is provided in connection with your audits of the financial statements and supplemental schedule of the Slalom, LLC 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP) and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company, the custodian of the Plans' investments, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedule taken as a whole.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of October 3, 2013, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 2, 2013, including our responsibility for the preparation and fair presentation of the financial statements.
- The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above is fairly presented in conformity with the Department of Labor's Rules



and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related-party and party-in-interest relationships and transactions, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments with respect to the Plan.
- We believe the effects of the uncorrected financial statement misstatement to adjust the presented value of the Fidelity Advisor Stable Value Fund to contract value is immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We know of no other adjustments to the financial statements that have not been corrected.
- No events have occurred subsequent to the date of the plan's financial statements and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence.
 - Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
- All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

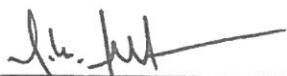
- We have no knowledge of any fraud or suspected fraud that affects the plan and involves:
 - Management,
 - Employees who have significant roles in internal control, or
 - Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions of which we are aware.
- The plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- We have no—
 - Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
 - Intentions to terminate the plan.
- Amendments to the plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- The methods and significant assumptions used to estimate fair values of financial instruments result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- All required filings of Plan documents with the appropriate agencies have been made.
- The plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue it as a qualified plan. The plan sponsor has operated the Plan in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- The plan has complied with the Department of Labor's regulations concerning the timely remittance of participant contributions to trusts containing assets for the plan.
- The plan has complied with the fidelity bonding requirements of ERISA.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
- We acknowledge our responsibility for presenting the Schedule of Assets (Held at End of Year), in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and we believe the Schedule of Assets (Held at End of

Smith Bunday Berman Britton, P.S.

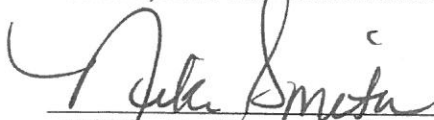
October 3, 2013

Page 4

Year), including its form and content, is fairly presented in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedule has not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule.



Mike Heffernan, Chief Financial Officer of
Slalom, LLC and Plan Fiduciary



Niki Smith, Managing Director, Human
Resources of Slalom, LLC and Plan Fiduciary

SMITH BUNDAY BERMAN BRITTON, P.S.

SLALOM, LLC 401(k) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2012 AND 2011

SLALOM, LLC 401(k) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2012 AND 2011
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Supplemental Schedule	
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Independent Auditor's Report

October 3, 2013

To the Administrator
Slalom, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the statement of net assets available for benefits of Slalom, LLC 401(k) Plan (the "Plan") as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2012 and 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

SMITH BUNDAY BERMAN BRITTON, P.S.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets (Held at End of Year), which is the responsibility of management, is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Smith Bunday Berman Britton, P.S.

SLALOM, LLC 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011
(See Independent Auditor's Report)

	December 31,	
	2012	2011
ASSETS		
Investments at fair value		
Money market funds	\$1,302,539	\$1,286,597
Mutual funds	59,531,007	40,250,788
Common collective trust	2,646,846	1,921,244
Total investments	63,480,392	43,458,629
Notes receivable from participants	1,267,400	689,741
Receivables: employer	2,280,857	1,583,134
Net assets available for benefits	<u>\$67,028,649</u>	<u>\$45,731,504</u>

The accompanying notes are an integral part of these financial statements.

SLALOM, LLC 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012
(See Independent Auditor's Report)

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments:

Mutual funds	\$6,246,351
Common collective trust	60,221

Total net investment income	6,306,572
-----------------------------	-----------

Interest income on participant loans	36,682
--------------------------------------	--------

Contributions:

Participant	14,042,578
Employer	2,281,710
Participant rollovers	2,334,153

Total contributions	18,658,441
---------------------	------------

Total additions	25,001,695
-----------------	------------

Deductions from net assets attributed to:

Benefits paid to participants	3,657,592
Administrative expenses	46,958

Total deductions	3,704,550
------------------	-----------

Net increase in net assets available for benefits	21,297,145
---	------------

Net assets available for benefits:

Beginning of the year	45,731,504
-----------------------	------------

End of the year	\$67,028,649
-----------------	--------------

The accompanying notes are an integral part of these financial statements.

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN

Effective January 1, 1996, Slalom, LLC (Company) adopted the Slalom, LLC 401(k) Plan. The Plan has been amended and restated to comply with current legislation. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration - The Plan is administered by the Company. Fidelity Management Trust Company (FMTC) is the custodian of the Plan's assets.

Eligibility - Employees who attained the age of eighteen and have completed six months of service are eligible to participate. The Plan includes an automatic enrollment feature whereby new employees with six months of service are automatically enrolled in the Plan at a 3% contribution rate, unless the employee elects otherwise. Employees are admitted to the Plan beginning the first day of the month that coincides with or next follows attainment of eligibility requirements. In order to be eligible for a matching contribution, participants must be employed on the last day of the plan year, or meet other limited criteria.

Contributions - Participants may elect to contribute up to 90% of their compensation, within statutory limits, to the Plan. The Company matches the employee contributions at a rate of 25% of a participant's eligible compensation up to 6% of compensation. All employee deferrals are paid to the Plan after each pay period, and are placed in participant directed investments. The matching contributions are paid on an annual basis and are placed in participant directed investments.

Participants may also contribute amounts representing distributions from other qualified plans upon employment with the Company.

Participant Accounts - Individual participant accounts are maintained by FMTC, the Plan's custodian. Each participant's account is credited or charged with the participant's contribution and allocations of employer matching contributions and investment earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the vested balance in the participant's account.

Investment Options - The Plan's assets are held by FMTC. Participants direct employee and employer contributions and account balances among various investment options comprised of mutual funds and a common collective trust (Fidelity Advisor Stable Value Fund).

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - continued

Notes Receivable from Participants - The Plan allows participants to draw against their Plan investments in the form of loans. Participants may borrow from their accounts equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participants' accounts and bear interest at 4.25 to 9.25 percent, which is based on one percent over the prime rate in effect on the loan date.

Vesting - Participants are immediately vested in employee and employer contributions plus actual earnings thereon.

Payment of Benefits - On termination of service due to death, disability, retirement or other termination of employment, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account.

Expenses - Certain administrative expenses of the Plan are paid by the Company.

Forfeitures - At December 31, 2012 and 2011, forfeited accounts totaled \$932 and \$28, respectively. Forfeitures are used to reduce the Company's future contributions to the Plan.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets of the Plan will be distributed to participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies used by the Plan:

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation - The Plan's money market and mutual funds are stated at fair value using quoted market prices. The Plan's common collective trust is stated at fair value, which approximates contract value, based on quoted market prices of the underlying investments.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is reasonably possible, given the level of risk associated with investment securities that changes in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Income Recognition - Interest income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Realized and unrealized gains and losses and dividends relative to individual mutual funds and the common collective trust are reported in net appreciation (depreciation) in the fair value of investments.

Payment of Benefits - Benefits are recorded when paid.

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 – continued

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

NOTE 3 - TAX STATUS

The Plan operates under provisions of a prototype plan which received an opinion letter from the Internal Revenue Service, dated March 31, 2008, which stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since the date of the opinion letter. The Administrator believes that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has concluded that as of December 31, 2012, the Plan has not taken any uncertain positions that would require recognition or disclosure. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress and tax years prior to 2009 are no longer subject to audit.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31 of either year (unaudited):

	December 31,	
	2012	2011
Fidelity Advisor Freedom 2030 I	\$4,908,677	\$3,805,273
Fidelity Advisor Freedom 2040 I	4,605,224	2,936,948
Dreyfus Basic S&P 500	4,454,769	2,485,614
Fidelity Advisor Total Bond I	3,726,080	2,761,230
Fidelity Advisor Freedom 2045 I	3,670,212	*
Thornburg International Value R5	3,632,243	2,688,367
Fidelity Advisor Freedom 2050 I	3,520,726	2,348,562
Oppenheimer Main St Small Cap Y	3,448,444	2,365,952
Principal Mid Cap Blend I	3,400,079	*
Fidelity Advisor Freedom 2035 I	3,363,193	*

* Amount did not represent 5 percent or more of the Plan's assets at December 31, 2011.

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. There are three levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

The fair value of the common collective trust (CCT) was determined using Level 2 inputs, which are comprised primarily of net asset values of the underlying investments including wrapper rebid values as derived by the investment fund sponsor.

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Stock Investments	\$ 31,344,236			\$ 31,344,236
Blended Investments	24,460,691			24,460,691
Bond Investments	3,726,080			3,726,080
Money market funds	1,302,539			1,302,539
Common collective trust		2,646,846		2,646,846
	<u>\$ 60,833,546</u>	<u>\$ 2,646,846</u>	<u>\$ -</u>	<u>\$ 63,480,392</u>

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Stock Investments	\$ 21,431,533			\$ 21,431,533
Blended Investments	16,058,025			16,058,025
Bond Investments	2,761,230			2,761,230
Money market funds	1,286,597			1,286,597
Common collective trust		1,921,244		1,921,244
	<u>\$ 41,537,385</u>	<u>\$ 1,921,244</u>	<u>\$ -</u>	<u>\$ 43,458,629</u>

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 - INFORMATION CERTIFIED BY CUSTODIAN

Following is a summary of the unaudited information included in the financial statements and supplemental schedule on page 10 which was prepared by Fidelity Management Trust Company, the custodian of the Plan's investment assets, and furnished to the Administrator along with certification that such information is complete and accurate.

1. Fair value of investments as of December 31, 2012 and 2011 on page 3.
2. Investment income related to the money market fund, mutual funds and common collective trust on page 4.
3. The information in Notes 4 and 5 and the supplemental schedule on page 10.
4. Participant loans and related interest income.

The custodian certified the contract value of the common collective trust. The fair value of the common collective trust, which approximates contract value, is presented on page 3. The custodian also certified investment income related to the common collective trust on page 4 based on contract value, which approximates the investment income based on fair value.

NOTE 7 - PARTY IN INTEREST

FMTC acts as custodian and trustee for certain investments of the Plan. Therefore, these transactions qualify as party in interest transactions.

NOTE 8 - PROHIBITED TRANSACTIONS

There were no prohibited transactions identified during 2012 and 2011.

NOTE 9 - SUBSEQUENT EVENTS

Effective January 1, 2013, the Company amended the 401(k) Plan, which now covers all employees who have attained the age of eighteen. Employees are no longer required to complete six months of service before becoming eligible to participate. In order to be eligible for matching contributions, participants must have completed one year of service, but are no longer required to be employed on the last day of the fiscal year. Matching contributions are now funded each pay period, rather than annually.

The Plan's Administrator has evaluated subsequent events for possible recognition or disclosure in the financial statements through October 3, 2013, the date which the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY
THE DEPARTMENT OF LABOR**

SLALOM, LLC 401(k) PLAN
EIN: 84-1246887
PLAN NUMBER - 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Oppenheimer Mainst SM&MD CP Y	Mutual Fund	**	\$3,448,444
	Thornburg International Value R5	Mutual Fund	**	3,632,243
	Dreyfus Basic S&P 500	Mutual Fund	**	4,454,769
	IVK Growth & Income Y	Mutual Fund	**	2,813,408
	HTFD GLB Health R5	Mutual Fund	**	1,174,768
	TRP Real Estate	Mutual Fund	**	1,080,485
	TRP New AM Growth Adv	Mutual Fund	**	3,065,066
	TRP Spectrum Income	Mutual Fund	**	395,986
	JPM International Equity Index SL	Mutual Fund	**	765,308
	Principal Mid Cap Blend I	Mutual Fund	**	3,400,079
	PRU Financial Services Z	Mutual Fund	**	473,060
*	Fidelity Advisor Technology I	Mutual Fund	**	1,858,425
*	Fidelity Advisor Utilities Inst	Mutual Fund	**	888,311
*	Fidelity Retire MMKT	Money Market Fund	**	1,302,539
*	Fidelity Advisor Energy I	Mutual Fund	**	1,891,372
*	Fidelity Advisor Stable Value	Common Collective Trust	**	2,646,846
*	Fidelity Advisor Stk Sel All Cap I	Mutual Fund	**	2,002,512
*	Fidelity Advisor Total Bond Inst	Mutual Fund	**	3,726,080
*	Fidelity Advisor Freedom 2010 I	Mutual Fund	**	81,757
*	Fidelity Advisor Freedom 2020 I	Mutual Fund	**	1,050,933
*	Fidelity Advisor Freedom 2030 I	Mutual Fund	**	4,908,677
*	Fidelity Advisor Freedom 2040 I	Mutual Fund	**	4,605,224
*	Fidelity Advisor Freedom Inc I	Mutual Fund	**	352,827
*	Fidelity Advisor Freedom 2005 I	Mutual Fund	**	212,760
*	Fidelity Advisor Freedom 2015 I	Mutual Fund	**	1,290,683
*	Fidelity Advisor Freedom 2025 I	Mutual Fund	**	1,365,477
*	Fidelity Advisor Freedom 2035 I	Mutual Fund	**	3,363,193
*	Fidelity Advisor Freedom 2045 I	Mutual Fund	**	3,670,212
*	Fidelity Advisor Freedom 2050 I	Mutual Fund	**	3,520,726
*	Fidelity Advisor Freedom 2055 I	Mutual Fund	**	38,222
*	Participant loans	Interest rates of 4.25% to 9.25%	\$0	1,267,400
				<u>\$64,747,792</u>

* Denotes party-in-interest.

** Cost information has been omitted as these amounts are participant directed.

**Annual Return/Report of Employee Benefit
Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the form 5500.

OMB Nos. 1210-0110
1210-0089

2012

**This Form is Open to
Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A This return/report is for:

(1) ☐ a multiemployer plan;

(3) ☐ a multiple-employer plan; or

(2) ☒ a single-employer plan;

(4) ☐ a DFE (specify)
[]

B This return/report is:

☐ The first return/report;

☐ The final return/report;

☐ An amended return/report;

☐ A short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐

☒ Form 5558;

☐ Automatic Extension;

☐ the DFVC program;

D Check box if filing under:

☐ special extension (enter description) []

Part II Plan Basic Information - enter all requested information.

1a Name of Plan

Slalom, LLC 401(k) Plan

1(b) Three-digit plan number (PN)

001

1c Effective date of plan

01/01/1996

2a Plan sponsor's name and address; Include room or suite number (employer, if for a single-employer plan)

Slalom, LLC.

2b Employer Identification
Number (EIN)

841246887

821 2nd Avenue

2c Sponsor's telephone number

2064385691

Suite 1900

Seattle

2d Business code (see
instructions)

541600

WA

98104

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

Sign Here			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
Sign Here			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Sign Here			
	Signature of DFE	Date	Enter name of individual signing as DFE

[illegible]

--	--

3b Administrator's EIN

--	--

3c Administrator's telephone number

98104

4b EIN

--

4c PN

$$5 \overline{) 1595}$$

6a 1679

b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits	6c	529
d Subtotal. Add lines 6a, 6b, and 6c	6d	2209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	2210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	2128
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic codes in the instructions:

2F	2G	2J	2K	2S	2T	3B	3D		

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the numbers attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Schedule C (FORM 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan

Slalom, LLC 401(k) Plan

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

Slalom, LLC.

D Employer Identification Number (EIN)
841246887

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

Address1

042647786

Address2

City

State

Zip

Country

2 Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
Name	PURSHE KAPLAN STERLING INV			Address1		
EIN	133749682			Address2		
				City		
				State		
				Zip		
				Country		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0-	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	Did the service provider give you a formula instead of an amount or estimated amount?
27, 61	ADVISOR	37,971	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	<input checked="" type="radio"/> Yes <input type="radio"/> No

(a) Enter name and EIN or address (see instructions)						
Name	FIDELITY INVESTMENTS INSTITUTIO			Address1		
EIN	042647786			Address2		
				City		
				State		
				Zip		
				Country		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0-	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	Did the service provider give you a formula instead of an amount or estimated amount?
64, 37, 65, 60	RECORDKEEPER	8,125	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	<input checked="" type="radio"/> Yes <input type="radio"/> No

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PURSHE KAPLAN STERLING INV	61	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
<div> <div>Name</div> <div>OPPHMR MS SM&MD CP Y - OPPEN</div> <div>EIN</div> <div>132953455</div> </div> <div> <div>Add1</div> <div>Add2</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		\$5M+=0.25%
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
<div> <div>Name</div> <div>DREY BASIC S&P 500 - DREYFUS TF</div> <div>EIN</div> <div>132614959</div> </div> <div> <div>Add1</div> <div>Add2</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		0.15%

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
HTFD HEALTHCARE R5 - HARTFOR	Add2		
EIN	City		
410679409	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
INVS GRTH & INC Y - INVESCO INVE	Add2		
EIN	City		
	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.05%	
JPM INTL EQ IDX SEL - BOSTON FIN	Add2		
EIN	City		
	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
JPM US REAL EST SEL - BOSTON FI	Add2		
EIN	City		
	State		
	Zip		
	Country		
330 W. 9TH STREET			
KANSAS CITY			
MO			
66160			

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
OPPHMR MS SM&MD CP Y - OFI GLI	Add2		
EIN	City		
	State		
	Zip		
	Country		
TWO WORLD FINANCIAL C			
225 LIBERTY STREET, 14T			
NEW YORK			
NY			
10281			

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.10%	
PIF MIDCAP BLEND I - PRINCIPAL S	Add2		
EIN	City		
	State		
	Zip		
	Country		
P.O. Box 8024			
Boston			
MA			
02266-8024			

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
PRU FINL SRVS Z - PRUDENTIAL MI	Add2		
EIN	City		
223703799	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.25%	
THORNBURG INT VAL R5 - BOSTON	Add2		
EIN	City		
	State		
	Zip		
	Country		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Name	Add1	0.40%	
TRP NEW AM GRTH ADV - T. ROWE	Add2		
EIN	City		
522269240	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>TRP REAL ESTATE - T. ROWE PRICE</div> <div>Add1</div> <div>Add2</div> <div>EIN</div> <div>522269240</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		<div>0.15%</div>	

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<div> <div>Name</div> <div>TRP SPECTRUM INCOME - T. ROWE PRICE</div> <div>Add1</div> <div>Add2</div> <div>EIN</div> <div>522269240</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Country</div> </div>		<div>0.15%</div>	

Part II Service Providers Who Fail or Refuse to Provide Information

4. Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)		(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
Name	Add1		
	Add2		
EIN	City		
	State		
	Zip		
	Country		

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

**Schedule D
(FORM 5500)**Department of the
Treasury

Internal Revenue Service

Department of Labor
Employee Benefits
Security Administration**DFE/Participating Plan Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA).**File as an attachment to Form 5500.**

OMB No. 1210-0110

2012**This Form is Open to
Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Slalom, LLC 401(k) Plan**B** Three-digit
plan number (PN)

001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Slalom, LLC.**D** Employer Identification Number (EIN)
841246887**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(Complete as many entries as needed to report all interests in DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE	FA STABLE VALUE		
(b) Name of sponsor of entity listed in (a)	Fidelity Management Trust Company		
(c) EIN PN 043022712026	(d) Entity code C	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	2,646,846
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN	(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) Name of MTIA, CCT, PSA, or 103-12IE			

(b) Name of sponsor of entity listed in (a)			
(c) EIN PN		(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)
(a) Name of MTIA, CCT, PSA, or 103-12IE			
(b) Name of sponsor of entity listed in (a)			
(c) EIN PN		(d) Entity code	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

[illegible]

**Schedule H
(FORM 5500)**Department of the
Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits
Security AdministrationPension Benefit Guaranty
Corporation**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012**This Form is Open to
Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Slalom, LLC 401(k) Plan**B** Three-digit
plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500
Slalom, LLC.**D** Employer Identification Number (EIN)
841246887**Part I Asset and Liability Statement**

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

ASSETS

- a** Total noninterest-bearing cash
- b** Receivables (less allowance for doubtful accounts):
- (1) Employer contributions
 - (2) Participant contributions
 - (3) Other
- c** General Investments:
- (1) Interest-bearing cash (include money market accounts & certificates of deposit)
 - (2) U.S. Government Securities
 - (3) Corporate Debt instruments (other than employer securities)
 - (A) Preferred
 - (B) All other
 - (4) Corporate stocks (other than employer securities)
 - (A) Preferred
 - (B) Common
 - (5) Partnership/joint venture interests
 - (6) Real estate (other than employer real property)
 - (7) Loans (other than to participants)
 - (8) Participant loans
 - (9) Value of interest in common/collective trusts
 - (10) Value of interest in pooled separate accounts
 - (11) Value of interest in master trust investment accounts
 - (12) Value of interests in 103-12 investment entities
 - (13) Value of interest in registered investment companies (e.g. mutual funds)
 - (14) Value of funds held in insurance company general account (unallocated contracts.)
 - (15) Other
- d** Employer-related investments:
- (1) Employer securities
 - (2) Employer real property
- e** Buildings and other property used in plan operation
- f** Total assets (add all amounts in lines 1a through 1e)

LIABILITIES

- g** Benefit claims payable
- h** Operating payables
- i** Acquisition indebtedness
- j** Other liabilities
- k** Total Liabilities (add all amounts in lines 1g through 1j)

NET ASSETS

- l** Net assets (subtract line 1k from line 1f)

	(a) BOY	(b) EOY
1a	0	0
1b(1)	1,583,134	2,280,856
1b(2)	0	0
1b(3)	0	0
1c(1)	1,286,597	1,302,539
1c(2)	0	0
1c(3)(A)	0	0
1c(3)(B)	0	0
1c(4)(A)	0	0
1c(4)(B)	0	0
1c(5)	0	0
1c(6)	0	0
1c(7)	0	0
1c(8)	689,741	1,267,400
1c(9)	1,921,244	2,646,846
1c(10)	0	0
1c(11)	0	0
1c(12)	0	0
1c(13)	40,250,788	59,531,008
1c(14)	0	0
1c(15)	0	0
1d(1)	0	0
1d(2)	0	0
1e	0	0
1f	45,731,504	67,028,649
1g	0	0
1h	0	0
1i	0	0
1j	0	0
1k	0	0
1l	45,731,504	67,028,649

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

INCOME

(a) Amount (b) Total

a Contributions:

- (1) Received or receivable in cash from: (A) Employers
- (B) Participants
- (C) Others (including rollovers)
- (2) Noncash contributions
- (3) Total contributions. Add lines 2a(1)(A),(B),(C), and line 2a(2)

2a(1)(A)	2,281,710	
2a(1)(B)	14,042,578	
2a(1)(C)	2,334,153	
2a(2)	0	
2a(3)		18,658,441

b Earnings on investments:

- (1) Interest:
 - (A) Interest-bearing cash (including money market accounts and certificates of deposit)
 - (B) U.S. Government Securities
 - (C) Corporate debt instruments
 - (D) Loans (other than to participants)
 - (E) Participant Loans
 - (F) Other
 - (G) Total interest. Add lines 2b(1)(A) through (F)
- (2) Dividends: (A) Preferred stock
- (B) Common stock
- (C) Registered investment company shares (e.g. mutual funds)
- (D) Total dividends. Add lines 2b(2)(A),(B), and (C)
- (3) Rents:
- (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds
- (B) Aggregate carrying amount (see instructions)
- (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result
- (5) Unrealized appreciation (depreciation) of assets: (A) Real estate
- (B) Other
- (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)
- (6) Net investment gain (loss) from common/collective trusts
- (7) Net investment gain (loss) from pooled separate accounts
- (8) Net investment gain (loss) from master trust investment accounts
- (9) Net investment gain (loss) from 103-12 investment entities
- (10) Net investment gain (loss) from registered investment companies (e.g. mutual funds)

2b(1)(A)	132	
2b(1)(B)	0	
2b(1)(C)	0	
2b(1)(D)	0	
2b(1)(E)	36,550	
2b(1)(F)	0	
2b(1)(G)		36,682
2b(2)(A)	0	
2b(2)(B)	0	
2b(2)(C)	1,162,222	
2b(2)(D)		1,162,222
2b(3)		0
2b(4)(A)	0	
2b(4)(B)	0	
2b(4)(C)		0
2b(5)(A)	0	
2b(5)(B)	0	
2b(5)(C)		0
2b(6)		60,221
2b(7)		0
2b(8)		0
2b(9)		0
2b(10)		5,084,129
2c		0
2d		25,001,695

c Other income

d Total income. Add all income amounts in column (b) and enter total

EXPENSES

e Benefit payment and payments to provide benefits:

- (1) Directly to participants and or beneficiaries, including direct rollovers
- (2) To insurance carriers for the provision of benefits
- (3) Other
- (4) Total benefit payments. Add lines 2e(1) through (3)

f Corrective distributions (see instructions)

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administration expenses: (1) Professional fees

- (2) Contract administrator fees
- (3) Investment advisory and management fees
- (4) Other fees

(5) Total administrative expenses. Add lines 2i(1) through 2i(4)

j Total expenses. Add all expense amounts in column (b) and enter total

Net Income and Reconciliation

k Net income (loss). subtract line 2j from line 2d

l Transfers of assets

- (1) To this plan
- (2) From this plan

2e(1)	3,648,485	
2e(2)	0	
2e(3)	0	
2e(4)		3,648,485
2f		9,107
2g		0
2h		0
2i(1)	0	
2i(2)	0	
2i(3)	0	
2i(4)	46,958	
2i(5)		46,958
2j		3,704,550
2k		21,297,145
2l(1)		0
2l(2)		0

Part III Accountants Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

c Enter the name and EIN of the accountant (or accounting firm) below:

911275259

Smith Bunday Berman Britton, P.S.

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if Yes is checked, and see instructions for format requirements)

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

Page instance 1

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

**Schedule R
(FORM 5500)**Department of the
Treasury

Internal Revenue Service

Department of Labor
Employee Benefits

Security Administration

Pension Benefit Guaranty
Corporation**Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058 (a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012**This Form is Open to
Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan

Slalom, LLC 401(k) Plan

B Three-digit
plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

Slalom, LLC.

D Employer Identification Number (EIN)

841246887

Part I Distributions**All references to distributions relate only to payments of benefits during the plan year.**

- 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions
- 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s):

Profit sharing plans, ESOPs, and stock bonus plans, skip line 3.

- 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d) (2)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

- 5 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 ruling letter granting the waiver

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

- 6a Enter the minimum required contribution for this plan year

- b Enter the amount contributed by the employer to the plan for this plan year

- c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

If you completed line 6c, skip lines 8 and 9.

- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
- 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

- 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs

(See Instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this part.

- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No
- 11a Does the ESOP hold any preferred stock? ☐ Yes ☐ No
- 11b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" ☐ Yes ☐ No

loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Yes	<input type="checkbox"/> No



October 3, 2013

Smith Bunday Berman Britton, P.S.
11808 Northup Way, Suite 240
Bellevue, Washington 98005-1922

This representation letter is provided in connection with your audits of the financial statements and supplemental schedule of the Slalom, LLC 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP) and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Fidelity Management Trust Company, the custodian of the Plans' investments, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedule taken as a whole.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of October 3, 2013, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 2, 2013, including our responsibility for the preparation and fair presentation of the financial statements.
- The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above is fairly presented in conformity with the Department of Labor's Rules



and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related-party and party-in-interest relationships and transactions, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments with respect to the Plan.
- We believe the effects of the uncorrected financial statement misstatement to adjust the presented value of the Fidelity Advisor Stable Value Fund to contract value is immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We know of no other adjustments to the financial statements that have not been corrected.
- No events have occurred subsequent to the date of the plan's financial statements and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence.
 - Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
- All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

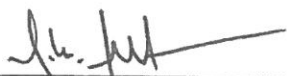
- We have no knowledge of any fraud or suspected fraud that affects the plan and involves:
 - Management,
 - Employees who have significant roles in internal control, or
 - Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions of which we are aware.
- The plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- We have no—
 - Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
 - Intentions to terminate the plan.
- Amendments to the plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- The methods and significant assumptions used to estimate fair values of financial instruments result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- All required filings of Plan documents with the appropriate agencies have been made.
- The plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue it as a qualified plan. The plan sponsor has operated the Plan in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- The plan has complied with the Department of Labor's regulations concerning the timely remittance of participant contributions to trusts containing assets for the plan.
- The plan has complied with the fidelity bonding requirements of ERISA.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
- We acknowledge our responsibility for presenting the Schedule of Assets (Held at End of Year), in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and we believe the Schedule of Assets (Held at End of

Smith Bunday Berman Britton, P.S.

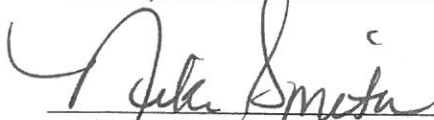
October 3, 2013

Page 4

Year), including its form and content, is fairly presented in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedule has not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule.



Mike Heffernan, Chief Financial Officer of
Slalom, LLC and Plan Fiduciary



Niki Smith, Managing Director, Human
Resources of Slalom, LLC and Plan Fiduciary

SMITH BUNDAY BERMAN BRITTON, P.S.

SLALOM, LLC 401(k) PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2012 AND 2011

SLALOM, LLC 401(k) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2012 AND 2011
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Statement of Changes in Net Assets Available for Benefits	4
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Supplemental Schedule	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	10

Independent Auditor's Report

October 3, 2013

To the Administrator
Slalom, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the statement of net assets available for benefits of Slalom, LLC 401(k) Plan (the "Plan") as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2012 and 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

SMITH BUNDAY BERMAN BRITTON, P.S.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets (Held at End of Year), which is the responsibility of management, is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Smith Bunday Berman Britton, P.S.

SLALOM, LLC 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011
(See Independent Auditor's Report)

	December 31,	
	<u>2012</u>	<u>2011</u>
ASSETS		
Investments at fair value		
Money market funds	\$1,302,539	\$1,286,597
Mutual funds	59,531,007	40,250,788
Common collective trust	<u>2,646,846</u>	<u>1,921,244</u>
Total investments	63,480,392	43,458,629
 Notes receivable from participants	 1,267,400	 689,741
 Receivables: employer	 <u>2,280,857</u>	 <u>1,583,134</u>
 Net assets available for benefits	 <u><u>\$67,028,649</u></u>	 <u><u>\$45,731,504</u></u>

The accompanying notes are an integral part of these financial statements.

SLALOM, LLC 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012
(See Independent Auditor's Report)

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments:

Mutual funds	\$6,246,351
Common collective trust	60,221

Total net investment income	6,306,572
-----------------------------	-----------

Interest income on participant loans	36,682
--------------------------------------	--------

Contributions:

Participant	14,042,578
Employer	2,281,710
Participant rollovers	2,334,153

Total contributions	18,658,441
---------------------	------------

Total additions	25,001,695
-----------------	------------

Deductions from net assets attributed to:

Benefits paid to participants	3,657,592
Administrative expenses	46,958

Total deductions	3,704,550
------------------	-----------

Net increase in net assets available for benefits	21,297,145
---	------------

Net assets available for benefits:

Beginning of the year	45,731,504
-----------------------	------------

End of the year	\$67,028,649
-----------------	--------------

The accompanying notes are an integral part of these financial statements.

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN

Effective January 1, 1996, Slalom, LLC (Company) adopted the Slalom, LLC 401(k) Plan. The Plan has been amended and restated to comply with current legislation. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration - The Plan is administered by the Company. Fidelity Management Trust Company (FMTC) is the custodian of the Plan's assets.

Eligibility - Employees who attained the age of eighteen and have completed six months of service are eligible to participate. The Plan includes an automatic enrollment feature whereby new employees with six months of service are automatically enrolled in the Plan at a 3% contribution rate, unless the employee elects otherwise. Employees are admitted to the Plan beginning the first day of the month that coincides with or next follows attainment of eligibility requirements. In order to be eligible for a matching contribution, participants must be employed on the last day of the plan year, or meet other limited criteria.

Contributions - Participants may elect to contribute up to 90% of their compensation, within statutory limits, to the Plan. The Company matches the employee contributions at a rate of 25% of a participant's eligible compensation up to 6% of compensation. All employee deferrals are paid to the Plan after each pay period, and are placed in participant directed investments. The matching contributions are paid on an annual basis and are placed in participant directed investments.

Participants may also contribute amounts representing distributions from other qualified plans upon employment with the Company.

Participant Accounts - Individual participant accounts are maintained by FMTC, the Plan's custodian. Each participant's account is credited or charged with the participant's contribution and allocations of employer matching contributions and investment earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the vested balance in the participant's account.

Investment Options - The Plan's assets are held by FMTC. Participants direct employee and employer contributions and account balances among various investment options comprised of mutual funds and a common collective trust (Fidelity Advisor Stable Value Fund).

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - continued

Notes Receivable from Participants - The Plan allows participants to draw against their Plan investments in the form of loans. Participants may borrow from their accounts equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participants' accounts and bear interest at 4.25 to 9.25 percent, which is based on one percent over the prime rate in effect on the loan date.

Vesting - Participants are immediately vested in employee and employer contributions plus actual earnings thereon.

Payment of Benefits - On termination of service due to death, disability, retirement or other termination of employment, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account.

Expenses - Certain administrative expenses of the Plan are paid by the Company.

Forfeitures - At December 31, 2012 and 2011, forfeited accounts totaled \$932 and \$28, respectively. Forfeitures are used to reduce the Company's future contributions to the Plan.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets of the Plan will be distributed to participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies used by the Plan:

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation - The Plan's money market and mutual funds are stated at fair value using quoted market prices. The Plan's common collective trust is stated at fair value, which approximates contract value, based on quoted market prices of the underlying investments.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is reasonably possible, given the level of risk associated with investment securities that changes in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Income Recognition - Interest income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Realized and unrealized gains and losses and dividends relative to individual mutual funds and the common collective trust are reported in net appreciation (depreciation) in the fair value of investments.

Payment of Benefits - Benefits are recorded when paid.

SLALOM, LLC 401(k) PLAN **NOTES TO FINANCIAL STATEMENTS**

Note 2 – continued

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

NOTE 3 - TAX STATUS

The Plan operates under provisions of a prototype plan which received an opinion letter from the Internal Revenue Service, dated March 31, 2008, which stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since the date of the opinion letter. The Administrator believes that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has concluded that as of December 31, 2012, the Plan has not taken any uncertain positions that would require recognition or disclosure. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress and tax years prior to 2009 are no longer subject to audit.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31 of either year (unaudited):

	December 31,	
	2012	2011
Fidelity Advisor Freedom 2030 I	\$4,908,677	\$3,805,273
Fidelity Advisor Freedom 2040 I	4,605,224	2,936,948
Dreyfus Basic S&P 500	4,454,769	2,485,614
Fidelity Advisor Total Bond I	3,726,080	2,761,230
Fidelity Advisor Freedom 2045 I	3,670,212	*
Thornburg International Value R5	3,632,243	2,688,367
Fidelity Advisor Freedom 2050 I	3,520,726	2,348,562
Oppenheimer Main St Small Cap Y	3,448,444	2,365,952
Principal Mid Cap Blend I	3,400,079	*
Fidelity Advisor Freedom 2035 I	3,363,193	*

* Amount did not represent 5 percent or more of the Plan's assets at December 31, 2011.

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. There are three levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

The fair value of the common collective trust (CCT) was determined using Level 2 inputs, which are comprised primarily of net asset values of the underlying investments including wrapper rebid values as derived by the investment fund sponsor.

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Stock Investments	\$ 31,344,236			\$ 31,344,236
Blended Investments	24,460,691			24,460,691
Bond Investments	3,726,080			3,726,080
Money market funds	1,302,539			1,302,539
Common collective trust		2,646,846		2,646,846
	<u>\$ 60,833,546</u>	<u>\$ 2,646,846</u>	<u>\$ -</u>	<u>\$ 63,480,392</u>

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Stock Investments	\$ 21,431,533			\$ 21,431,533
Blended Investments	16,058,025			16,058,025
Bond Investments	2,761,230			2,761,230
Money market funds	1,286,597			1,286,597
Common collective trust		1,921,244		1,921,244
	<u>\$ 41,537,385</u>	<u>\$ 1,921,244</u>	<u>\$ -</u>	<u>\$ 43,458,629</u>

SLALOM, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 - INFORMATION CERTIFIED BY CUSTODIAN

Following is a summary of the unaudited information included in the financial statements and supplemental schedule on page 10 which was prepared by Fidelity Management Trust Company, the custodian of the Plan's investment assets, and furnished to the Administrator along with certification that such information is complete and accurate.

1. Fair value of investments as of December 31, 2012 and 2011 on page 3.
2. Investment income related to the money market fund, mutual funds and common collective trust on page 4.
3. The information in Notes 4 and 5 and the supplemental schedule on page 10.
4. Participant loans and related interest income.

The custodian certified the contract value of the common collective trust. The fair value of the common collective trust, which approximates contract value, is presented on page 3. The custodian also certified investment income related to the common collective trust on page 4 based on contract value, which approximates the investment income based on fair value.

NOTE 7 - PARTY IN INTEREST

FMTC acts as custodian and trustee for certain investments of the Plan. Therefore, these transactions qualify as party in interest transactions.

NOTE 8 - PROHIBITED TRANSACTIONS

There were no prohibited transactions identified during 2012 and 2011.

NOTE 9 - SUBSEQUENT EVENTS

Effective January 1, 2013, the Company amended the 401(k) Plan, which now covers all employees who have attained the age of eighteen. Employees are no longer required to complete six months of service before becoming eligible to participate. In order to be eligible for matching contributions, participants must have completed one year of service, but are no longer required to be employed on the last day of the fiscal year. Matching contributions are now funded each pay period, rather than annually.

The Plan's Administrator has evaluated subsequent events for possible recognition or disclosure in the financial statements through October 3, 2013, the date which the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY
THE DEPARTMENT OF LABOR**

SLALOM, LLC 401(k) PLAN
EIN: 84-1246887
PLAN NUMBER - 001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Oppenheimer Mainst SM&MD CP Y	Mutual Fund	**	\$3,448,444
	Thornburg International Value R5	Mutual Fund	**	3,632,243
	Dreyfus Basic S&P 500	Mutual Fund	**	4,454,769
	IVK Growth & Income Y	Mutual Fund	**	2,813,408
	HTFD GLB Health R5	Mutual Fund	**	1,174,768
	TRP Real Estate	Mutual Fund	**	1,080,485
	TRP New AM Growth Adv	Mutual Fund	**	3,065,066
	TRP Spectrum Income	Mutual Fund	**	395,986
	JPM International Equity Index SL	Mutual Fund	**	765,308
	Principal Mid Cap Blend I	Mutual Fund	**	3,400,079
	PRU Financial Services Z	Mutual Fund	**	473,060
*	Fidelity Advisor Technology I	Mutual Fund	**	1,858,425
*	Fidelity Advisor Utilities Inst	Mutual Fund	**	888,311
*	Fidelity Retire MMKT	Money Market Fund	**	1,302,539
*	Fidelity Advisor Energy I	Mutual Fund	**	1,891,372
*	Fidelity Advisor Stable Value	Common Collective Trust	**	2,646,846
*	Fidelity Advisor Stk Sel All Cap I	Mutual Fund	**	2,002,512
*	Fidelity Advisor Total Bond Inst	Mutual Fund	**	3,726,080
*	Fidelity Advisor Freedom 2010 I	Mutual Fund	**	81,757
*	Fidelity Advisor Freedom 2020 I	Mutual Fund	**	1,050,933
*	Fidelity Advisor Freedom 2030 I	Mutual Fund	**	4,908,677
*	Fidelity Advisor Freedom 2040 I	Mutual Fund	**	4,605,224
*	Fidelity Advisor Freedom Inc I	Mutual Fund	**	352,827
*	Fidelity Advisor Freedom 2005 I	Mutual Fund	**	212,760
*	Fidelity Advisor Freedom 2015 I	Mutual Fund	**	1,290,683
*	Fidelity Advisor Freedom 2025 I	Mutual Fund	**	1,365,477
*	Fidelity Advisor Freedom 2035 I	Mutual Fund	**	3,363,193
*	Fidelity Advisor Freedom 2045 I	Mutual Fund	**	3,670,212
*	Fidelity Advisor Freedom 2050 I	Mutual Fund	**	3,520,726
*	Fidelity Advisor Freedom 2055 I	Mutual Fund	**	38,222
*	Participant loans	Interest rates of 4.25% to 9.25%	\$0	1,267,400
				<u>\$64,747,792</u>

* Denotes party-in-interest.

** Cost information has been omitted as these amounts are participant directed.