Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

D		▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500)-SF.		
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/2	2013	and ending 1:	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	. ,				
Part II	Basic Plan Infori	mation—enter all requested info	ormation				T
1a Name	•				1b	Three-digit	
3TIER, INC.	401(K) PLAN					plan number (PN) ▶	001
					10	Effective date o	
					10	01/01	
2a Plan s 3TIER, INC.		ress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 94-34	fication Number
2004 CIVIL	AVENUE CUITE 2400				2c	Sponsor's telep	
	AVENUE, SUITE 2100 VA 98121-0000				2d		(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's	
		-	<u> </u>		3c	Administrator's	telephone number
							·
4 If the r	name and/or FIN of the r	plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4h	EIN	
		ber from the last return/report.	ne iast return/report med i	or triis plan, enter trie	40	EIN	
	or's name	·			4c	PN	
5a Total	number of participants a	t the beginning of the plan year			5a		70
b Total	number of participants a	t the end of the plan year			5b		
							64
		ccount balances as of the end of the	he plan year (defined ben	efit plans do not	5c		64
comp	lete this item)		he plan year (defined ben	efit plans do not			
6a Were b Are yo	lete this item)all of the plan's assets on claiming a waiver of the	during the plan year invested in el he annual examination and report	he plan year (defined benomber ligible assets? (See instruct t of an independent qualific	efit plans do not ctions.)ed public accountant (IQI	PA)		X Yes No
6a Were b Are you under	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46?	during the plan year invested in el he annual examination and report (See instructions on waiver eligibil	he plan year (defined bene- ligible assets? (See instruct t of an independent qualification in the plant in t	efit plans do not ctions.)ed public accountant (IQI	PA)		60
6a Were b Are younder If you	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eith	during the plan year invested in el he annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan ca	he plan year (defined benderated) ligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQI	PA) Form	5500.	Yes No Yes No
6a Were b Are younder If you	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eith	during the plan year invested in el he annual examination and report (See instructions on waiver eligibil	he plan year (defined benderated) ligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQI	PA) Form	5500.	X Yes No
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	ar		
	Total plan assets	7a	(a) Degining of Tea				(b) Lilu (66947		
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	211007	7				286	66947		
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(6) 10	,tai			
	(1) Employers	8a(1)	16149	0							
	(2) Participants	8a(2)	28321	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	52058	7							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						96	5288		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18352	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e	2143	2							
f	Administrative service providers (salaries, fees, commissions)	8f	346	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						20	08418		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						75	6870		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Dor	V Compliance Questions										
Par					Yes	No	1				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withir	a the time period described in	ı	res	No		Amoı	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
U	on line 10a.)	,		10b		X					
				10c	X				E	5000	000
d				100					•	,000	500
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Vos	V	No.
44-	5500) and line 11a below)							Ш	Yes	^	No
	Enter the unpaid minimum required contribution for current year fr		,			11a		$\overline{}$	V-	V	
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ond :	onto- #	no doto ef "	0 1044	or mil	n~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	nth	, and 6	Day		e lett Year		ııg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1	40'					
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		Identification Inform						
For calend	lar plan year 2013 or fi	scal plan year beginning	:	/01/2013	and ending		12/31/201	L3
A This re	turn/report is for:	🛛 a single-employer plar	a	multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	☐ th	e final return/report				
		an amended return/rep	port as	short plan year retui	rn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	aı	utomatic extension			DFVC progra	am
		special extension (ente	er description)			L	,	
Part II	Basic Plan Info	rmation—enter all reque	sted information	n		litin to have have many assessment	ettiinimin halesalimaan ja vasta ja kasiinin ja vasta ja kasiin suuriin ja vasta ja kasiin suuriin ja vasta ja	internation to the control of the co
1a Name						1b T	hree-digit	
3TIE	R, Inc. 401(k) Plan				1	lan number	
	•	,				<u> </u>	PN) 🕨	001
						1	ffective date of	•
2a Plans	nonsor's name and ad	dress; include room or suite	number (emr	layor if for a single		 	1/01/2004	
3TIE	R, Inc.	dicas, include footi of suite	anumber (emp	noyer, ir for a single	-employer plan)	Į.	mployer Identif EIN) 94-340	fication Number
							ponsor's telepi	
2001	Odanth Donas	0.11					206) 708-	
	Sixth Avenue	, Suite 2100				2d B	usiness code (see instructions)
Seat				Andreas .	98121-0000		41990	
3a Plan a	idministrator's name ar	nd address 🏻 Same as Plar	Sponsor Nan	ne Same as Pla	n Sponsor Address	3b A	dministrator's E	EIN
						20 1	desiniate de 1	
						JC A	ummstrators t	elephone number
								
4 If the	name and/or EIN of the	e plan sponsor has changed	since the last	return/report filed f	or this plan, enter the	4b ∈	IN	
name	, EIN, and the plan nur	e plan sponsor has changed mber from the last return/rep	since the last port.	return/report filed f	or this plan, enter the		The transmission of the second second	
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Pai	t III Financial Information			kom-varano, a-	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	*****************		***************	***************************************	*********	***************************************
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	***************************************		(b) End	of Y	ear	on and an arrangement	ANDERSON
а	Total plan assets	7a	2,11		7				2,86	6,9	147
	Total plan liabilities	7b	a beneficial to the contract of the contract o	richelescon manuscriptor	-	KO-Nikirikembanikanika	avene annual langua pepa elem e e e e e e e e e e e e e e e e e	- Control Control	HE NO CONTRACTOR AND A	delicated and	Aupromocino
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2,11	0,07	7	SAN TO SERVICE STATE OF THE SE	MINIO POR REPORT POR PARA DE LA DESCRIPCIÓN DE COMPANS	www.comentence.eco	2,86	6,5	147
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount			iniminimi managana kan	(b) T	otal	**************		araysomate)
а	Contributions received or receivable from: (1) Employers	8a(1)		1,49	0						
	(2) Participants	8a(2)	28	3,21	1			m bill salasisas			·
	(3) Others (including rollovers)	8a(3)	A CONTRACTOR OF THE CONTRACTOR								
b	Other income (loss)	8b	52	0,58	7				***************************************		Population of the Control of the Con
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				***************************************			96	5,2	88
d	Benefits paid (including direct rollovers and insurance premiums			************							
	to provide benefits)	8d		3,52							
	Certain deemed and/or corrective distributions (see instructions)	8e		1,43							
f	Administrative service providers (salaries, fees, commissions)	8f		3,46	6						
	Other expenses	8g		NASA MANAGA MANAGA MANAGA MANAGA							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20	8,4	18
	Net income (loss) (subtract line 8h from line 8c)	8i							75	6,8	70
j	Transfers to (from) the plan (see instructions)	8j			e e e e e e e e e e e e e e e e e e e						
Par	t IV Plan Characteristics			racus excent and plays a province		PRODUCTION OF THE PROPERTY OF				***********	**************************************
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F			***************************************							prosperovalence de la companya de la
Part			ANN day to color consensation as a separation for the color of the col	THE PROPERTY OF THE PROPERTY O	estatio promonente de servi		nga transita di Amerika	nimitat insidate	TOTAL TOTAL TOTAL CONTRACTOR OF THE PARTY OF	miatogramatesoe	farmona sico sa
10	During the plan year:	Trial Control Control of the Control C	De fatiga es de Les que les propressors de la chiencia de la complex d'accionne de Maria de la colonida de la complex de la comp		Yes	No		Am	ount	*************	nobelos mannes pe
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a	us caropiana ambanco	Х		-	-	***************************************	aleterist subseccions res
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ				50	0,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d	петеногоришенного	Х	***************************************	***************************************	in in the second se	nance on a grand a way	Montestalestania
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all organizations.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х		женици			Ministration
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					04,533,533,53
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		-	i distributant a bayang men	NAMES AND ADDRESS OF THE PARTY	MATERIAL PROPERTY.
h		(See instru	ictions and 29 CFR	10h	ANTINGUES A	X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i	a mid o di universa di uni	***************************************			************		4000000,1, 1
Part				Liuil							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form		Yes	XI	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					THE PERSONAL PROPERTY AND ADDRESS OF THE PERSONA
12	Is this a defined contribution plan subject to the minimum funding	THE PERSON NAMED IN COLUMN CO.		*****************	-	***************************************	EDICAS	ГП	Yes	[X]	No
Television	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	cuON .	ouz of	ERISA!,.		162	Ľ	WO
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc	ctions,	and e		l ne date of t			ing	PROPATE INTERNACE
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	e MB (For	m 5500), and skip to line 13	u i		Day	danie de la company de la comp	Yea	(Bonnenissi
	Enter the minimum required contribution for this plan year		The second secon			12b		er elevis automoses	Orrent Control	***************************************	IR************************************

	Form 5500-SF 2013 130118	Page 3 -			
C	Enter the amount contributed by the employer to the pl	an for this plan year	12c		and the state of t
d	Subtract the amount in line 12c from the amount in line		12d		
<u>e</u>		be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of	Assets			
13a	Has a resolution to terminate the plan been adopted in any	plan year?		∕es X No	
		ted to the employer this year	13a		
b	Were all the plan assets distributed to participants or boof the PBGC?	eneficiaries, transferred to another plan, or brought under the	control	2005/2006/en/en/en/en/en/en/en/en/en/en/en/en/en/	☐ Yes ☒ No
С		insferred from this plan to another plan(s), identify the plan(s)	to	and the state of t	ersonia ere en
*	3c(1) Name of plan(s):		3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b ⊤r	rust's EIN	