## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance with the instru	ctions to the Form 550	0-SF.		•		
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/20	013			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	Ī	a one-partici	pant plan		
<b>B</b> This ret	urn/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 b	oox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	ation						
1a Name	of plan				1b	Three-digit			
ARONSON S	SECURITY GROUP, IN	IC. 401(K) PROFIT SHARING PLAN				plan number			
						(PN) <b>▶</b>	001		
					1c	Effective date o			
<b>20</b> Diam -					01	03/31			
	SECURITY GROUP, IN	dress; include room or suite number (eNC.	employer, ir for a single-	-employer plan)			fication Number 45349		
					2c	Sponsor's telep			
	LAKE AVENUE N, SUI <sup>*</sup> VA 98109-6211	TE 520			24	206-284			
	7,100,100,021,				Zu	42399	(see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
							.0.00		
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN			
name,	, EIN, and the plan num	plan sponsor has changed since the other from the last return/report.	last return/report filed fo	or this plan, enter the					
name, <b>a</b> Sponso	, EIN, and the plan num or's name		·		4c		117		
name, <b>a</b> Sponso <b>5a</b> Total r	EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		117		
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b		117		
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan numor's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	80		
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name, a Sponso 5a Total r b Total r C Numbo compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the common during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c PA)	PN	80		
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan number of participants and the plan participants and the plan participants are reflected by the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and other.	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction an independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c	PN  5500.  Yes No established.  Cluding, if applic	117  80		
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan numor's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction an independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form: ase is early and to	PN  5500.  Yes No established.  Cluding, if applic	117  80		
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Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information									
7	Plan Assets and Liabilities					(b) End of Year				
<u>'</u>	Total plan assets	7a	(a) Beginning of Yea		` '			611260	5	
	Total plan liabilities	7b						011200		
	Net plan assets (subtract line 7b from line 7a)	7c	509567	7	-			611260	5	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) Tot			
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	44566	5						
	(3) Others (including rollovers)	8a(3)	2765	2						
b	Other income (loss)	8b	102244	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1495757	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	47817	9						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	65	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						47882	9	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						101692	8	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructior	is:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	А	mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				10c	X				1000	000
d	, , ,			100					1000	000
	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				3	846
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	•		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	П	No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr							00		
	· · · · · · · · · · · · · · · · · · ·		,		ı	11a	EDICAS	☐ Yes	¥	No
12	Is this a defined contribution plan subject to the minimum funding			e or se	cuon	3UZ Of	EKISA!	res	^	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter ti	l ne date of the	letter r	ılina	
	granting the waiver.		Mon		, and t	Day		ear	19	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1	40'	I			
b	Enter the minimum required contribution for this plan year					12b				

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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> 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 SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual I	Report Identification Information	ance with the instru	uctions to the Form 55	00-SF.					
For caler	ndar plan year 2		/01/2013	and ending		12/31/2013				
A This r	eturn/report is f	or: X a single-employer plan	a multiple-employer	plan (not multiemplover						
B This r	eturn/report is:		the final return/report		ployer)					
	•		•	· ɪrn/report (less than 12 r	mantha)					
C Check	k box if filing un	H H	automatic extension	inineport (less than 121	nonins)					
		special extension (enter description				☐ DFVC program				
Part II	Basic Pla	an Information—enter all requested information								
1a Nam	e of plan	enter an requested informa	uori		146	There are all the				
ARONS	ON SECURI	TY GROUP, INC. 401(K) PROFIT	SHARING PLAN	I		Three-digit plan number				
						(PN) D01				
						Effective date of plan				
2a Plan	snonsor's name	e and address; include room or suite number (em	minima tee		-	03/31/1974				
Arons	on Securit	Ty Group, Inc.	ipioyer, it for a single	e-employer plan)		Employer Identification Number				
						(EIN) 91-0845349				
1505 V	Vestlake <i>P</i>	venue N, Suite 520				Sponsor's telephone number 206-284-3553				
						Business code (see instructions)				
Seatt]		WA 98109-6211				423990				
3a Plan	administrator's	name and address XSame as Plan Sponsor Na	me XSame as Plai	n Sponsor Address	3b /	Administrator's EIN				
					20	A.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
					3C /	Administrator's telephone number				
4 If the		AL CU								
name	name and/or E e. EIN. and the	N of the plan sponsor has changed since the las plan number from the last return/report.	st return/report filed for	or this plan, enter the	4b E	EIN				
	sor's name	and the last rotal in opera.			4c F	DNI .				
<b>5a</b> Total	number of part	cipants at the beginning of the plan year	***************************************		5a					
<b>b</b> Total	number of part	cipants at the end of the plan year			5b	117				
C Numb	per of participar	ts with account balances as of the end of the pla	n vear (defined hene	efit nlans do not		117				
comp	lete this item)				5c	80				
6a Were	all of the plan'	s assets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No				
<b>b</b> Are y	ou claiming a w r 29 CFR 2520	aiver of the annual examination and report of an 104-46? (See instructions on waiver eligibility an	independent qualifie	ed public accountant (IQ	PA)					
If you	answered "N	o" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5	X Yes No				
C If the	plan is a define	benefit plan, is it covered under the PBGC insu	rance program (see	FRISA section 4021)2		Ves DNo D Not determined				
Under nen	alties of porium	e late or incomplete filing of this return/repor	rt will be assessed i	unless reasonable cau	ise is es	stablished.				
		and other penalties set forth in the instructions, leted and signed by an enrolled actuary, as well	i declare that I have a	examined this return/report	ort, incl	luding, if applicable, a Schedule				
belief, it is	true, correct, ar	d complete.		or and retains report	, und to	the best of my knowledge and				
SIGN	MON	huuma	4/24/2014	JUDY ANN SCHEU	TEDMA	NT .				
HERE		plan administrator		(						
SIGN	Oignature	pian administrator	Date	Enter name of individu	ual signi	ng as plan administrator				
HERE	0:									
Signature of employer/plan sponsor  Date  Enter name of individual signing as employees as allowed as a significant of the complete of the com										
Preparer's	name (including	firm name if applicable) and address in that	com or authorized	Cartier B	aar aigi ii	ng as employer or plan sponsor				
Preparer's	name (including	g firm name, if applicable) and address; include r	oom or suite number	(optional)	Prepar	er's telephone number (optional)				
Preparer's	name (including	g firm name, if applicable) and address; include r	oom or suite number	(optional)	Prepar	er's telephone number (optional)				
Preparer's	name (including	g firm name, if applicable) and address; include r	oom or suite number	(optional)	Prepar	er's telephone number (optional)				
Preparer's	name (including	g firm name, if applicable) and address; include r	oom or suite number	(optional)	Prepar	rer's telephone number (optional)				

Pa	rt III   Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
_ a	Total plan assets	7a	50	9567	77				6112605
_ <u>b</u>	Total plan liabilities	7b			$\perp$				
C	Net plan assets (subtract line 7b from line 7a)	7c	50	9567	77				6112605
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	Total	
	Contributions received or receivable from:	0=(4)							
	(1) Employers	8a(1)	1	4566	5.5	-		-	
		8a(2)		2765		-	_	4.0	-
	(3) Others (including rollovers)	8a(3)		2244		-		-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	10	2245	± 0				1405757
d	Benefits paid (including direct rollovers and insurance premiums	8c	Δ	7817	7.9			JE I	1495757
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d		7017			_	-	
	Administrative service providers (salaries, fees, commissions)	8e		65		-	-	-	-
		8f		- 0.	,0	-		_	-
	Other expenses	8g		-	+	-			450000
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	+-				478829
	Net income (loss) (subtract line 8h from line 8c)	8i		-	+				1016928
Par		8j							
9a b	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 3D$ If the plan provides welfare benefits, enter the applicable welfare fe								31.
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th	ne time period described in tion Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е		er persons b	y an insurance carrier,	10e	Х				3846
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х			
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	e required no	otice or one of the	10i					
Part									
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	lule SE	3 (Form	Пу	es $\prod$ No
11a	Enter the unpaid minimum required contribution for current year from					11a			
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Пу	es 🛭 No
	00 W/S 7 75			. 01 30	Juon	JUE 01	_110/11		- Д 110
	turites complete line 12a or lines 12b 12c 12d and 12e below	as annlicable	Α )						
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	in this plan year, see instruc		and e	enter th Day	ne date of t	he letter Year	ruling
	If a waiver of the minimum funding standard for a prior year is bein	g amortized	in this plan year, see instruc		and e		ne date of t		ruling

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	,,,,,,,,,,	Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?		res X N	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	s 🛭 No
3c(1) Name of plan(s):	13c(2) E	N(s)	13c(3	) PN(s)
			-	
			-	
VIII Trust Information (optional)	47		L	
-	Enter the amount contributed by the employer to the plan for this plan year  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust