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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500	O-SF.		-
Part I	Annual Report Id	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 12	2/31/20)13	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:						
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)_	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descri	. ,				
Part II		mation—enter all requested info	rmation				
1a Name						Three-digit	
TECPLOT, II	NC. 401(K) PLAN				•	olan number (PN) ▶	001
						Effective date of	
					10 1	07/01	
2a Plan s _l		ress; include room or suite number	r (employer, if for a single	-employer plan)		Employer Identit	fication Number
						Sponsor's telep	hone number
PO BOX 527 BELLEVUE,	708 , WA 98015			-	2d F	425-653	see instructions)
						54151	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b /	Administrator's I	ΞIN
					3c /	Administrator's t	elephone number
4 If the r	name and/or EIN of the	nlan enoneor has changed since the	no last return/report filed (or this plan, optor the	4h 1		
		plan sponsor has changed since the last return/report.	ie iast return/report lileu i	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
5a Total r	number of participants a	at the beginning of the plan year			5a		56
b Total r	number of participants a	at the end of the plan year			5b		56
		ccount balances as of the end of the	. , ,		5c		54
6a Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instru	ctions.)			X Yes No
		the annual examination and report					X Yes □ No
		(See instructions on waiver eligibil her line 6a or line 6b, the plan ca					X Yes No
-		•					Not determed
C if the p	olan is a detined benefit			EDIOA 4004\0		Yes IINO I	
		plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		163 INO	Not determined
Caution: A	•	r incomplete filing of this return		·			Not determined
Under pena SB or Sche	A penalty for the late of alties of perjury and other	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as	/report will be assessed	unless reasonable cau examined this return/rep	se is e	stablished.	able, a Schedule
Under pena SB or Sche belief, it is t	A penalty for the late of alties of perjury and othe edule MB completed and true, correct, and compl	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as	/report will be assessed	unless reasonable cau examined this return/rep	se is e	stablished.	able, a Schedule
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Under pena SB or Sche belief, it is t SIGN HERE	A penalty for the late of alties of perjury and othe edule MB completed and true, correct, and completed with authorized/vi	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete. alid electronic signature.	/report will be assessed tions, I declare that I have swell as the electronic ve	unless reasonable cau examined this return/rep rsion of this return/report,	se is e	stablished. cluding, if application the best of my	able, a Schedule knowledge and
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Under pena SB or Sche belief, it is to SIGN HERE	A penalty for the late of alties of perjury and othe edule MB completed and true, correct, and completed with authorized/v. Signature of plan ad Signature of employ	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete. alid electronic signature.	/report will be assessed tions, I declare that I have swell as the electronic ve	unless reasonable causexamined this return/report, examined this return/re	se is e port, inc , and to ual sign	stablished. Eluding, if applicate the best of my	able, a Schedule knowledge and ninistrator
Under pena SB or Sche belief, it is to SIGN HERE	A penalty for the late of alties of perjury and othe edule MB completed and true, correct, and completed with authorized/v. Signature of plan ad Signature of employ	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete. alid electronic signature. Iministrator rer/plan sponsor	/report will be assessed tions, I declare that I have swell as the electronic ve	unless reasonable causexamined this return/report, examined this return/re	se is e port, inc , and to ual sign	stablished. Eluding, if applicate the best of my	able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
	Total plan assets	7a	587087				7663354		
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	587087	7		7663354			
	Income, Expenses, and Transfers for this Plan Year						(b) Total		
	Contributions received or receivable from:		, ,			(0) 1000			
	(1) Employers	8a(1)	11646						
	(2) Participants	8a(2)	45235						
	(3) Others (including rollovers)	8a(3)	7183						
<u>b</u>	Other income (loss)	8b	122714	.9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1867808		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4519	3					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	3013	8					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					75331		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1792477		
<u>j</u>	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	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi uciary Corr	n the time period described in rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		500000		
d	or dishaparty?			10d		X			
	Were any fees or commissions paid to any brokers, agents, or oth			100					
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X			
	instructions.)			10e					
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		91018		
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 5500) and line 11a below)								
112	Enter the unpaid minimum required contribution for current year fr					11a	.55 110		
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				FRISA? Tyes No		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	CUON	3UZ UT	EKIOA! 165 NO		
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 beir		•	ctions	and e	enter th	ne date of the letter ruling		
	granting the waiver.		Mon		,	Day	Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	,	in 5500), and skip to line 13.		T	12b			
D)	chier hie minimum required contribution for this bian vear				[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	

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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.

OMB Nos. 1210-0110 1210-0089

2013

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For calen		t Identification Information						
	dar plan year 2013 or	fiscal plan year beginning	01/01	/2013	and ending		12/31/20:	13
A This re	eturn/report is for:	a single-employer plan	a mult	ple-employer p	olan (not multiemployer)		a one-partici	pant plan
B This re	eturn/report is:	the first return/report	the fin	al return/report				
		an amended return/report	a short	plan year retu	rn/report (less than 12 n	nonths	:)	
C Check	k box if filing under:	Form 5558	=	atic extension			DFVC progra	am
	Ü	special extension (enter desc						
Part II	Basic Plan Inf	ormation—enter all requested in						
1a Name		officer all requested in	IOITIALIOIT			1h	Three-digit	
	plot, Inc. 40	1(k) Plan					plan number	
							(PN) •	001
						1c	Effective date o	
2a Plan	sponsor's name and a	ddress; include room or suite number	er (employe	r if for a single	-employer plan)	26	07/01/199	
Tecr	plot, Inc.	indices, include room of suite number	er (employe	, ii ioi a sirigie	remployer plan)	20	Employer Identification (EIN) 91-114	
						20	Sponsor's telep	
DO -	50700						(425) 653-	
PO E	30x 52708					2d	Business code ((see instructions)
	levue				98015		541511	
3a Plan	administrator's name a	and address Same as Plan Spons	sor Name	Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
						20	Administratoria	
						30	Administrators	telephone number
							(425) 653-	-1200
4 If the	name and/or EIN of the	ne plan sponsor has changed since	the last retu	n/report filed f	or this plan, enter the	4b	EIN	
		umber from the last return/report.						
	cor'o nomo							
	sor's name					4c	PN	
5a Total	number of participant	s at the beginning of the plan year				5a	PN	56
5a Total b Total	number of participant	s at the beginning of the plan years at the end of the plan year					PN	5 6 5 6
5a Total b Total c Numb	number of participant number of participant ber of participants with	s at the beginning of the plan years at the end of the plan year	the plan yea	r (defined bene	efit plans do not	5a 5b	PN	56
5a Total b Total c Number	number of participant number of participant ber of participants with olete this item)	s at the beginning of the plan years at the end of the plan year	the plan yea	r (defined bene	efit plans do not	5a 5b 5c		5 6 5 4
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5a Total b Total c Number comp 6a Were b Are younder	number of participant number of participants with blete this item)	s at the beginning of the plan years at the end of the plan year	the plan yea	r (defined bene s? (See instruction of the control	efit plans do not ctions.)ed public accountant (IG	5a 5b 5c		5 é 5 é
5a Total b Total c Numb comp 6a Were b Are y unde If you	number of participant number of participant ber of participants with plete this item)	s at the beginning of the plan years at the end of the plan year	the plan yea ligible asset t of an inder ility and con	r (defined benders) s? (See instructions) endent qualified ditions.)	efit plans do not etions.)ed public accountant (IC	5a 5b 5c PA)	5500.	54 X Yes No
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b Total c Number of Section 1. Sign Here	number of participant number of participant ber of participants with bete this item) e all of the plan's asse ou claiming a waiver of r 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late nalties of perjury and o edule MB completed a true, correct, and com Signature of plan Signature of emplo	s at the beginning of the plan years at the end of the plan year	the plan yea digible asset t of an indep dility and con cannot use I GC insurance freport will stions, I decla as well as the	r (defined benders) s? (See instruction of qualified ditions.) Form 5500-SF of program (see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see because of the	efit plans do not ctions.)	5a 5b 5c Form Juse is port, ir, and	5500. Yes No established. Including, if applicate to the best of my	5 6 5 4 X Yes No X Yes No Not determined able, a Schedule knowledge and
5a Total b Total c Number of State of S	number of participant number of participant ber of participants with bete this item) e all of the plan's asse ou claiming a waiver of r 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late nalties of perjury and o edule MB completed a true, correct, and com Signature of plan Signature of emplo	s at the beginning of the plan years at the end of the plan year	the plan yea digible asset t of an indep dility and con cannot use I GC insurance freport will stions, I decla as well as the	r (defined benders) s? (See instruction of qualified ditions.) Form 5500-SF of program (see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see be assessed are that I have be electronic verified by the see because of the	efit plans do not ctions.)	5a 5b 5c Form Juse is port, ir, and	5500. Yes No established. Including, if applicate to the best of my	5 6 5 4 X Yes No X Yes No Not determined able, a Schedule knowledge and

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	аг			(b) End	of Year	
а	Total plan assets	7a	5,87		77				63,354
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	5,87	0,8	77			7,6	63,354
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
а	Contributions received or receivable from:		11	<i>-</i> 11				Net .	447
	(1) Employers	8a(1)	· 	6,46	_			er e	
	(2) Participants	8a(2)		2,3				er i german i Var	### 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	(3) Others (including rollovers)	8a(3)	1,22	1,83					
	Other income (loss)	8b	1,22	/, 1	± 9			1 0	67 000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1,0	367,808
	to provide benefits)	8d	4	5,19	93				
е	Certain deemed and/or corrective distributions (see instructions)	8e					i Albania M		
f	Administrative service providers (salaries, fees, commissions)	8f	3	0,13	38	1 100			
g	Other expenses	8g							
ħ	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							75,331
	Net income (loss) (subtract line 8h from line 8c)	8i						1,7	92,477
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics		<u> </u>						
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								
10	During the plan year:				Yes	No		Amount	
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			10a		х		7 4110 4111	
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	Х			5	500,000
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		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	er person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х			
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				91,018
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	en e		est of the second
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			nman, ka ka		Tarana Tarana ka
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	Ye	s No
	Enter the unpaid minimum required contribution for current year from					11a		- -	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?	Ye:	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						L		
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and e	enter th Day		he letter r Year	uling
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule				- 1	401			
	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c	T			
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?		П	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?	Π	Yes	XN	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				∏ Yes	⊠ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				! !
	2-(4) Non (-)	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
		14b ⊤	rust'	s EIN		