_	rm 5500-SF	Bonofit Plan						
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	е	2013				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	s(a) of	This Form is Open to Public Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instrue	ctions to the Form 550	0-SF.	Inspection		
Part I		lentification Information						
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013		
	turn/report is for:	a single-employer plan the first return/report	a multiple-employer pl the final return/report	lan (not multiemployer)		a one-participant plan		
C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested information	,					
1a Name						Three-digit plan number (PN) ▶ 001		
					10	Effective date of plan 01/01/2010		
	ponsor's name and addre	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 26-2603037		
	JACKSON ST, SUITE 2	200			2c	Sponsor's telephone number 206-512-1200		
SEATTLE, V	VA 98104				2d	Business code (see instructions) 711210		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's EIN		
		olan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b	EIN		
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN			
5a Total r	number of participants at	the beginning of the plan year			5a	59		
b Total r	number of participants at	the end of the plan year			5b	63		
		count balances as of the end of the p			5c	31		
_		luring the plan year invested in eligib				Yes No		
b Are yo	ou claiming a waiver of th	ne annual examination and report of a See instructions on waiver eligibility a	an independent qualifie	ed public accountant (IQI	PA)			
-		er line 6a or line 6b, the plan cann plan, is it covered under the PBGC in						
Under pena SB or Sche	alties of perjury and other	incomplete filing of this return/rep r penalties set forth in the instructions signed by an enrolled actuary, as we ste.	s, I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule		
SIGN	Filed with authorized/val	lid electronic signature.	06/26/2014	SKYE HENDERSON				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator			
SIGN HERE	Signature of employe		Date	Enter name of individu	or nome of individual claning on omstand a start and			
Preparer's		ne, if applicable) and address; includ		Enter name of individual signing as employer or plan sponsor nber (optional) Preparer's telephone number (optional				
				(1)	·			

a Total plan assets Total plan labilities Total plan labilies	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
c Net plan assets (aubtract line 7b from line 7a) 7c 515244 908989 3 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total Contributions received or receivable from: Ba(1) 77619 (2) Participants Ba(2) 155323	a Total plan assets	7a	51524	4			908869
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 76619 (a) Dense (noducing rolevers). 8a(2) 155223 (b) Other income (teas) 8b 127210 b Other income (teas) 8b 127210 c Total income (teas) 8b 127210 c Total income (teas) 8b 127210 c Total income (teas) 8c 421886 d Contrain forwards and/or concive distributions (see instructions) 8c 421886 g Other expenses 8g 1075 1000000000000000000000000000000000000	b Total plan liabilities	7b					
a Contributions received or receivable form: Bq(1) 79619 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	51524	4			908869
(1) Employers 8a(1) 76619 (2) Participants 8a(2) 165323 (3) Other (notuding rolevers) 8a(3) 59734 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 421886 G Benefits paid (including direct rolevers and insurance premiums 8d 27186 C Catal dened add/c: corrective distributions (see instructions). 8e 421886 G Other expenses. 8g 1075 G Other expenses. 8g 9 Transfers to (from) the plan (see instructions). 8i 9393625 j Transfers to (from) the plan (see instructions). 8j 9 Part IV Plan Characteristics 9 9 Sa If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 52 52 52 52 52 52 52 52 52 52 52 52 52	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(1) Participants Ba(2) 155323 (3) Others (including rolevers) Ba(3) 69734 b Other second (add lines 84(), 8a(2), 8a(3), and 8b) Bc 421886 C Total income (add lines 84(), 8a(2), 8a(3), and 8b) Bc 421886 C Denemis, and (including direct rollowers and insurance permittimes Bd 27166 C Certain deemed and/or corrective distributions (see instructions). Bd 1075 G G Other spenses Bg 1075 G G 393625 T Transfers (from) the pain (se instructions). Bj 1 393625 393 1 393625 B If the pian provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 2 2 3 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2		0-(4)	7061	0			
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				•			421886
to provide benefits) 8d 27186 e Certain deemed and/or corrective distributions (see instructions) 8e 1075 f Administrative service providers (statifies, fees, commissions) 8f 1075 g Other expenses 8g 282261 in Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 282261 in term (ose) (subtract lines 8h from line 8c) 8i 393625 j Transfers to (from) the plan (see instructions) 8j 393625 Dent IV Plan Characteristics 393625 Ball 1000 393625 Diff the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 0 During the plan period Yes No Amount a Was there a fulture to transmit to the plan any participant contributions within the time period described in on the Colon X 6d 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on the Colon X <td></td> <td> 00</td> <td></td> <td></td> <td></td> <td></td> <td>421000</td>		00					421000
f Administrative service providers (salaries, fees, commissions) 8f 1075 g Other expenses. 8g 28251 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 28251 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 28251 j Transfers to (from) the plan (see instructions) 8i 393025 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions Yes No Amount a Was there any nexempt transactions with any participant contributions within the time period described in on ine 10a. X 0b X 0d c Was the plan covered by a fidelity bond? 10c X 0d 0d X 0d d Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraul 10d X 0d 0d X 0d		8d	2718	6			
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Intrasting function Bi Part IV Plan Characteristics Bal If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2A 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2A 2K 2T 3D 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program) 10e X 0 During the plan opear: Yes No Amount 0 Was there a nonexempt transactions with any party-in-interest? (Do not include transactions reported to on line 10a.) X 60 C Was the plan covered by a fidelity bond? 10c X 60 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were any fees or commissions paid to any brokers, agents, or othere preso	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					28261
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a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Yes	No	Amount
on line 10a.) 10b A c Was the plan covered by a fidelity bond? 10c X 66 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 66 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X X f Has the plan failed to provide any benefit when due under the plan? 10f X X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. 10h X X 2 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X 10i X 10i 2 2 10i 2 2 10i 2 2 10i 2 2 10h X 2 10h X 2 10h 10h <td>a Was there a failure to transmit to the plan any participant contrib</td> <td></td> <td></td> <td>10a</td> <td></td> <td>Х</td> <td></td>	a Was there a failure to transmit to the plan any participant contrib			10a		Х	
c Was the plan covered by a indenity boild? 10c 10c 10c 10d	· · · · · · · · · · · · · · · · · · ·	•	•	10b		Х	
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e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)							0000
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a	other persons b Il of the benefit	y an insurance carrier, s under the plan? (See	10d			
i the plantate and plantate and plantate and plantate of year end. 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.)	ther persons b Il of the benefit	y an insurance carrier, s under the plan? (See	10d 10e		х	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p 	ther persons b Il of the benefit Ian?	y an insurance carrier, s under the plan? (See	10d 10e 10f		X X	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 	ther persons b II of the benefit Ian? as of year end ? (See instructi	y an insurance carrier, s under the plan? (See .) ons and 29 CFR	10d 10e 10f 10g		X X X	
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 	ther persons b III of the benefit IIan? as of year end ? (See instruction the required no 01-3 ments? (If "Yes	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i		X X X X	3 (Form
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 i Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	ther persons b II of the benefit as of year end ? (See instruction the required no 01-3 ments? (If "Yes	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	<u></u>	X X X X	3 (Form
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 art VI Pension Funding Compliance I Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	ther persons b II of the benefit as of year end ? (See instruction the required no 01-3 ments? (If "Yes from Schedule	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i		X X X dule SE	3 (Form
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) I1a Enter the unpaid minimum required contribution for current year I2 Is this a defined contribution plan subject to the minimum funding 	ther persons b II of the benefit as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i		X X X dule SE	3 (Form
	 e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 i Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) i Is this a defined contribution plan subject to the minimum fundir (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo a If a waiver of the minimum funding standard for a prior year is be 	ther persons b II of the benefit Ian? as of year end ? (See instruction the required no 01-3 ments? (If "Yest from Schedule ng requirements w, as applicable ping amortized	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or se	ection :	X X X Aule SE 11a 302 of	B (Form

C	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?	Ye	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 of the PBGC?	control		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		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

	······································	<u> </u>					
	Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089
	emal Revenue Service	This form is required to be file	ee	2013			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act o the Intern	8(a) o	This Form	s Open to Public		
	Benefit Guaranty Corporation	Complete all entries in accord	dance with the instru	uctions to the Form 550)0-SF.		
Part I	dar plan year 2013 or fisc	lentification Information	01/01/2013	and ending		12/31/20	
		X a single employer plan	1				
_	atum/report is:	the first return/report	the final return/report	olán (not multiemployer)		a one-partici	pant pran
		an amended return/report	·	m/report (less than 12 m	antha	`	
C Check	box if filing under:	Form 5558	automatic extension	nerepoir (ress train 12 fr	lonuia) DFVC progra	
O Check	. uox in ning under. [special extension (enter description	r				811
Part II	Basic Plan Inform	nation-enter all requested inform			· · ·	<u> </u>	
1à Name		nation-enter al requested bioliti		·····	1b	Three-digit	
	tle Sounders FC	2 401(k) Plan				plan number	
		• •				(PN)	001
					10	Effective date of 01/01/2010	
		ess; include room or suite number (e	mployer, if for a single	-employer plan)	2b	Employer Identi	
Seat	tle Soccer LLC					(EIN) 26-260	
					2c	Sponsor's telep	
159	South Jackson S	St, Suite 200			0.1	(206) 512-	
Seat			WÁ	981.04	20	Business code (711210	see instructions)
· · · · · · · · · · · · · · · · · · ·	ain an	address XSame as Plan Sponsor N		n Sponsor Address	3b	Administrator's I	=in
					30	Administrator's t	elephone number
		lan sponsor has changed since the I	ast return/report filed f	or this plan, enter the	4b	EIN	
	e, EIN, and the plan numb tor's name	er from the last return/report.			4c		······································
<u> </u>	······	the beginning of the plan year		<u></u>	5a	1	
•		the end of the plan year			5a 5b	·	59
		count balances as of the end of the p				×	63
					5c	<u>, </u>	31
		uring the plan year invested in eligibl					X Yes 🗌 No
		e annual examination and report of a See instructions on waiver eligibility a					X Yes 🗍 No
		er line 6a or line 6b, the plan cann					
		lan, is it covered under the PBGC in					Not determined
<u> </u>		incomplete filing of this return/rep		·			
		penalties set forth in the instructions					hle a Schedule
SB or Sche	edule MB completed and s	signed by an enrolled actuary, as we	as the electronic ver	sion of this return/report,	and t	o the best of my	knowledge and
Dellet, it is	true, correct, and complet						
SIGN	LAOPAr	and the second se	6/26/14	Skye Henderson			
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	al sig	ning as plan adm	inistrator
SIGN							
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	al sig	ning as employer	or plan sponsor
Preparer's		e, if applicable) and address; include	e room or suite numbe	r (optional)			number (optional)
				F			
	- mba - material - material						
For Paperwo	ork Reduction Act Notice ar	nd OMB Control Numbers, see the inst	ructions for Form \$500-	SF.		F	orm 5500-SF (2013)
							v. 130118

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b Total plan fabilities To To c Net plan sessels (subtract line 7b) from line 7b). Tc 51 5, 244 908, 64 a Contributions received or received from: (a) Amount (b) Total a Contributions received or received from: (a) Amount (b) Total (c) Employees Sa(1) 72, 619 (d) Dotter including celovers) Sa(2) 15 5, 233 (d) Other including celovers) Sa(2) 57, 734 (d) Dotter including celovers) Sa(2) 52, 733 (e) Other including celovers) Sa(2) 52, 733 (e) Other including celovers) Sa(2) 421, 86 (e) Catalin downed ander corrective distitutions (celor instructions) Se 1, 0.75 (e) Other expresses Sg(2) 1, 0.75 33, 63 (f) Transfors to (frem) plic plin (cele instructions) Se 1, 0.75 33, 63 (f) Transfors to (frem) plic plin (cele instructions) Se 1, 0.75 33, 63 (f) Transfors to (frem) plic plin (cele instructions) Se <	Part III Financial Information		Minauuuuuuuuuuu				
a Total plan issuits 7a 515,244 906,84 b Total plan issuits 7b 515,244 906,84 c Not plan issuits 7c 515,244 908,86 a Contributions recloud or nockable form: 64(1) 79,615 (b) (2) Participants. 56(2) 15,244 908,86 (3) Others income, Equal or nockable form: 64(1) 79,615 (c) (2) Participants. 56(2) 157,233 (c) 127,210 (c) Contribution received or nockable form: 64(2) 127,210 (c) C Contributions (eta) 62 421,88 (c) 421,88 (c) 421,88 (c) 421,88 (c)	7 Plan Assets and Liabilities	I	(a) Beginning of Ye	ar	T		(b) End of Year
b Total plan isabilities	a Total plan assets	7a			44	******	908,869
c Net plan essets (subtract line 7b from line 7b) 7c 515, 244 908, 84 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (c) Employees Ba(1) 79, 619 (c) (d) Employees Ba(3) 59, 724 (c) (e) Detrictiones Ba(3) 59, 734 (c) (f) Control income (ded lines 6n(1), 6a(2), 5a(3), and 8b) 8c (c) 421, 88 (f) Bornet income (ded lines 6n(1), 6a(2), 5a(3), and 8b) 8c (c) 421, 88 (f) Enditionation ded lines 6n(1), 6a(2), 5a(3), and 8b) 8c (c) 421, 88 (f) Administrativ Service previders (satines, foes, commissions) 8f (c) (c) (f) Administrativ Service previders (satines, foes, commissions) 8f (c) (c) (f) Administrativ Service previders (satines, foes, commissions) 8f (c) (c) (c) (f) Not income (co) (c) (c) <td></td> <td></td> <td>۵</td> <td></td> <td></td> <td>ىغى ئىسىيىكى ر</td> <td>**************************************</td>			۵			ىغى ئىسىيىكى ر	**************************************
3 moorne, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions recolved or received form: Ba(1) 7.9, 6.19 (i) Employees Ba(2) 155, 3.23 (a) Other income (loss) Ba(3) 5.9, 7.74 (b) Other income (loss) Ba(3) 5.9, 7.74 (c) Total Income (loss) Ba(2), 8.6(2), 8.6(3), and 80) Be (c) Total Income (loss) Bate All (loss A			51	5,2	44		908,869
a Contributions received or received from: Ba(1) 79, 619 (1) Employees Ba(2) 155, 322 (3) Other & finduling cellovers) Ba(3) 59, 774 (3) Control (bos) Bb 127, 210 4 (4) Employees Bb 127, 210 4 (5) Control (bos) Bb 127, 210 4 (5) Control (bos) Bb 127, 210 4 (5) Entrol (borne (bos) Bb 127, 186 4 (6) Entrol (bos) Entrol (bos) Bc 4 421, 86 (7) Entrol (bos) Entrol (bos) Entrol (bos) Entrol (bos) Entrol (bos) Entrol (bos) Bc 4 428, 26 (7) Transfers to (from) the plan (bos) Entrol (bos) Entro			(a) Amount		·		
(2) Porticipants	a Contributions received or receivable from:			(1		<u> </u>
(3) Others (including rollovers) 91(3) 59,734 b) Other Income (dot lines Sa(1), Sa(2), Sa(3), and B)) 8c 421, 88 c) Total Income (dot lines Sa(1), Sa(2), Sa(3), and B)) 8c 421, 88 c) Brenklip spatial (including cirect rollovers and Insurance premiums b) provide bonfts) 8d 27, 186 c) Other express 8d 27, 186 d) Other express 8g 2, 075 g) Other express 8g 28, 26 In Total express (add lines 8d, 8e, 8f, and 8g) 8f 2, 075 g) Transfors (from) time ba) 8g 393, 62 g) Transfors (from) time ba) 8g 393, 62 g) Transfors (from) time ba) 8g 393, 62 g) Transfors (from) the pian (see instructions) 8g 393, 62 g) Transfors to from) the pian (see instructions) 8g 393, 62 g) Transfors to from) the pian (see instructions) 8g 393, 62 g) Transfors to from the pian (see instructions) 8g 393, 62 g) Transfors to from the pian (see instructions) 8g 393, 62 g) Transfors to from the pian (see instructions) 8g 393, 62 g) Transfors to from the			the second s		<u> </u>		······································
b Other income (dots) 8b 127, 210 c Total income (dot) lines 8a(1), 8a(2), and 8b) 8c 421, 88 d Benefits paid (including direct rolovers and insuratore previous 8d 27, 136 d Carcial indexing direct rolovers and insuratore previous 8d 27, 136 d Carcial indexing direct rolovers and insuratore previous 8d 27, 136 d Carcial indexing direct rolovers and insuratore previous 8d 1, 075 d Carcial indexing direct rolovers and insuratore previous 8d 1, 075 d Other segmess 8g 1, 075 d Definition of the plan (case instructions) 8d 393, 62 f Transfers to (from) the plan (case instructions) 8d 393, 62 g It the plan provides pensition bonotists, onter the applicable verifier codes from the List of Plan Characteristic Codes in the instructions: 28 27 2 23 2 2X 27 3 2 X 27 3D Yes No Atmount a Was there a failure to transmit to the plan any patricipant controllutions within the time period described in 10a X 20 CFR 2510.3-1027 (See instructions) 10 During the plan yean: Yes <td></td> <td>8a(2)</td> <td>the second s</td> <td></td> <td>_</td> <td></td> <td></td>		8a(2)	the second s		_		
c Total Income (edd lines 8a(1), 8a(2), 8a(3), and 8b) 8c 421, 88 d Benefits paid (including dired rollovers and Insurance premiums to provide benefits). 8d 27, 186 e Cartain deemed and/or corrective distributions (see instructions). 8d 27, 186 e Cartain deemed and/or corrective distributions (see instructions). 8d 1, 075 g Other expenses. 8g 28, 26 h Total arpenses (add lines 8d, 6o, 8f, and 8g) 8d 393, 62 j Transfers to (front) the plan (see instructions). 8d 393, 62 j Transfers to (front) the plan (see instructions). 8d 393, 62 j Transfers to (front) the plan (see instructions). 8d 393, 62 g If the plan provides pansion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 22 (3, 32 (3, 27 (3)) b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 29 (3, 24		8a(3)	the second s				······································
d Benefits paid (including direct rollowers and Insurance prentiums by provide benefits) 8d 27, 186 e Catalin deemed and/or corrective disinbutions (see instructions) 8e 1, 0,075 g Other expresses 8f 1,0075 g Other expresses 8g 1 h Total excenses (acd lines 8d, 8e, 8f, and 6g) 8h 26,265 l Not income (loss) (aubtract line 8th from line 8g) 8th 393,62 j Transfers to (from) this plan (see instructions) 8j 393,62 g If the plan Characteristics 8j 393,62 g If the plan provides pensitie, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2F 2G 2G 2K 2T 3D g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: 10a y Was there a failure to transmit to the plan any participant contributions within the time peind described in 10a x g Other the plan one of the plan provides welfare benefits, and DOL's Volumary Fluid-agr Correction Program. 10a X b Ware there ary nonexempt transactions with any party-in-interest? (Do not Include transactions reported in 10a X 60,00 o in line 10a.) 0 cox 600,00 0x 400 cox		8b			10		
by provide benefits) 8d 27, 3.96 6 Cartain deemed and/or corrective distributions (see instructions)		<u>.</u> 8c		<u> </u>			421,886
f Administrativa service providers (salaries, fees, commissions)	to provide benefits)	8d	2	7,1	86		
g Other expanses 9g 0 h Total expanses (add lines 8d, 8o, 6f, and 8g) 8h 28, 26 I Net income (loss) (aubtract line 8h, rom line 8o) 8l 393, 62 J Transfers to (from) the plan (see instructions) 8l 393, 62 Part IV Plan Characteristics 8l 393, 62 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20, 2J, 2X, 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 40 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant cohtributions within the time period described in 29 CFR 2510.3 - 102? (See Instructions and DOL's Valuntary Fluciany Correction Program). 10a X b Was there any notexampt transactions with any party-in-interest? (Oo not include transactions reported in 29 CFR 2510.3 - 102? (See Instructions and 201.5 Valuntary Fluciany Correction Program). 10a X c Was there any notexampt transactions with any party-in-interest? (Oo not include transactions reported in 10a<		<u> 8e </u>		• •			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 28, 25 IN Not Income (lose) (subtract line 8h from line 80) 8i 333, 62 J Transfers to (from) the plan (see instructions) 8j 333, 62 J Transfers to (from) the plan (see instructions) 8j 1 Ball (the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20 20 2X 2X 2T 3D D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 100 X D Under there a failure to transmit to the plan any participant contributions within the time period described in the instructions: 10a X 29 CFR 2610.3-102? (See Instructions and DOL's Voluntary Educiary Correction Program) 10a X 60,00 d Use there any nonexompt transactons with any party-in-interest? (Do not include transactions reported on the 6a) 10c X 60,00 d Use the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or disionesty? 10d X 60,00 d Use the plan fise of commisstons paid to any benefit when due under the plan?		8f		1,0	75	:	
1 Net income (loss) (subtract line 8h from line 20,		8g					
J Transfers to (from) the plan (see instructions)		8h					28,261
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes In the instructions: 2E 2F 2G 2J 2K 2T 3D b b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes In the instructions: Part IV Compliance Questions 10 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 2610.3-102? (See Instructions and DOL's Voluntary Educiary Correction Program)		81			. · ·		393,625
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2F 27 20 3J 2X 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V. Compliance Questions 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described in 128 CFR 2510.3-102? (See instructions and DOL's Voluntary Flducary Correction Program)	J Transfers to (from) the plan (see instructions)	. 8j					
Part V. Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D						
10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiducary Correction Program)	b If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cteris	lic Co	des in	the instructions:
10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiducary Correction Program)	Part V. Compliance Origetions	<u> </u>		*-**		••	<u> </u>
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			1			<u>Ť n</u>	1
b Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.)	a Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in	40.	res		Amount
c Was the plan covered by a fidelity bond? 10c X 60,00 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 60,00 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See toe X 10c X X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520, 101-3) 10h X X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520, 101-3. 10i X 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X	b Were there any nonexempt transactions with any party-in-Interest?	? (Do not l	nclude transactions reported			┝───	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelily bond, that was caused by fraud or dishonesty?					x		50,000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Part VI Pension Funding Compliance 10i Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 11a	d Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bor	d, that was caused by fraud			x	
insurance service or other organization that provides some or all of the benefits under the plan? (See 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 10i Yes X No 11a Enter the unpald minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes applicable.) Yes X No				100			
f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X Part VI Pension Funding Compliance 10i Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 11a	insurance service or other organization that provides some or all of	f the bene	fits under the plan? (See	10e		x	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				10f		x	
h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	<u> </u>		x	· ····································
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period? (S	See Instru	ctions and 29 CFR			x	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes applicable.) Yes X No	i If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							L
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes X	11 Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Y	es," see instructions and com	plete	Scheo	iule SE	3 (Form
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	12 Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
							,
granting the walver	a If a waiver of the minimum funding standard for a prior year is being	j amortize	d in this plan year, see instruc	tions,	and e		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year	b Enter the minimum required contribution for this plan year		*****			125	

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<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	12c		6 - 1 174 1	
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			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No] N/A
Part \	/I Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		····	·····
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	No 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.)				- h-tul
		3c(2) El	IN(s)	13c(3)	PN(s)
Part \	/III Trust Information (optional)				
14a N	ame of trust	14b Tr	rust's ElN	,	