Form	Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos. 1210-0110 1210-0089	
	t of the Treasury evenue Service	Be This form is required to be filed u		nd 4065 of the Employe	е	2	013	
Employee Benefits	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pensio						s Open to Public pection	
Part I A	nnual Report Id	lentification Information						
For calendar p	an year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013		
A This return/	report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
B This return/	report is:	the first return/report th	ne final return/report			_		
		an amended return/report	short plan year returr	/report (less than 12 m	onths)			
C Check box	f filing under:		DFVC program					
C Check box if filing under:								
Part II B	asic Plan Inform	nation—enter all requested information						
1a Name of p	an	RUST OF FESCO AGENCIES, N.A.	-		1b	Three-digit plan number		
					10	(PN) ►	001	
					TC	Effective date of 01/01/	•	
2a Plan spons		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-155	ication Number	
1000 SECOND	AVENUE, SUITE 13	10			2c	Sponsor's telepl 206-583		
SEATTLE, WAS					2d	Business code (see instructions) 483000		
3a Plan admir	nistrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's E	EIN	
							elephone number	
		plan sponsor has changed since the las per from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN			
a Sponsor's					4c	PN		
5a Total num	ber of participants at	the beginning of the plan year			5a		44	
b Total num	ber of participants at	the end of the plan year			5b		37	
		count balances as of the end of the pla		•	5c		37	
		luring the plan year invested in eligible					X Yes No	
b Are you cl under 29	aiming a waiver of th CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility and rer line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQ	PA)		X Yes No	
c If the plan	is a defined benefit	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A pe	nalty for the late or	incomplete filing of this return/report	rt will be assessed u	unless reasonable cau	ise is	established.		
Under penaltie SB or Schedule	s of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, in	cluding, if applica		
	d with authorized/va	lid electronic signature.	07/04/2014	YANA CHEPUSOVA				
HERE Si	gnature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ning as plan adm	ninistrator	
SIGN	•							
HERE Si	gnature of employe	er/plan sponsor ne, if applicable) and address; include i	Date room or suite number	Enter name of individ	_		r or plan sponsor number (optional)	

Par	t III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		
а	Total plan assets	. 7a	445674	6	4450910						
b	Total plan liabilities	olan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	- 7c	445674	6	4450910						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	5360	53607								
	(2) Participants	8a(2)	10921	4							
	Others (including rollovers)										
b	Other income (loss)	79938	799384								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	62205		
d	Benefits paid (including direct rollovers and insurance premiums			-							
	to provide benefits)	. 8d	93330	6							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	3473	5							
	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						9	68041		
	Net income (loss) (subtract line 8h from line 8c)	. 8i							-5836		
	Transfers to (from) the plan (see instructions)	- 8j									
Par											
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 Chara	acteris	stic Co	des in	the instruc	tions			
b	If the plan provides welfare benefits, enter the applicable welfare for	oaturo cod	os from the List of Plan Chara	etoriet		loc in t	ho instruct	ione:			
D	In the plan provides wehare benefits, enter the applicable wehare h	eature cou		clensi				10115.			
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х					
С	Was the plan covered by a fidelity bond?			10c	Х				Ę	5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth										
Ū	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
				-		Х					
b				10g		~					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х						
i	If 10h was answered "Yes," check the box if you either provided the				х						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	^						
Part	VI Pension Funding Compliance							-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fi	rom Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									_	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instrue		, and e	enter th Day	ne date of	he le Yea		ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year					12b					

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	

Form 5500-SF Short Form Annual Return/Report of Small Emplo					loyee		OMB Nos. 1210-011 1210-008
	artment of the Treasury ernal Revenue Service	This form is required to be	Benefit Plan e filed under sections 104 a	nd 4065 of the Emplo		2	2013
	Department of Labor Benefits Security Administration	Retirement Income Security Ad		8(a) of This Form is Open to Publi Inspection			
Pension E	Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 5	5500-SF.	Ins	spection
Part I		t Identification Information					
		fiscal plan year beginning	01/01/2013	and ending		12/31/201	
	eturn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemploye	er)	a one-particip	oant plan
3 This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12	2 months		
C Check	Check box if filing under:						im
		special extension (enter descr	1 /			8	
Part II		ormation—enter all requested inf	ormation		41	_	
la Name	in the state of th				10	Three-digit plan number	
	401(k) Saving co Agencies, N	gs Plan and Trust of				(PN)	001
resc	to Agencies, r	1.A.			1c	Effective date o	f plan
					_	01/01/1993	3
	sponsor's name and a co Agencies, N	ddress; include room or suite numbe م	er (employer, if for a single-	-emp l oyer plan)	2b	Employer Identi	
resc	to Agencies, i	·			20	(EIN) 91-155	
					20	Sponsor's telep (206) 583-	
1000	Second Avenu	le, Suite 1310			2d	Business code (
Seat	tle		WA	98104		483000	
3 a P l an a	administrator's name a	and address XSame as Plan Spons	or Name Same as Plar	n Sponsor Address		Administrator's	
					3c	Administrator's	
If the name	name and/or EIN of th e, EIN, and the plan nu	and address XSame as Plan Spons ne plan sponsor has changed since t umber from the last return/report.			3c 4b	Administrator's I	
If the name a Spons	name and/or EIN of th e, EIN, and the plan nu sor's name	ne plan sponsor has changed since t umber from the last return/report.	the last return/report filed for		3c 4b 4c	Administrator's	elephone numbe
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If the name a Spons a Total b Total c Numb comp a Were b Are y unde If you c If the Caution: A Junder pen B or Sch belief, it is SIGN HERE	name and/or EIN of the e, EIN, and the plan nu- sor's name number of participants number of participants ber of participants with bete this item) e all of the plan's asse you 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 plan	The plan sponsor has changed since the symptometer from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of the symptometer of the annual examination and report Sector incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, and inplete. Mathematical examination administrator. Mathematical exampleter of the symptometer of the symptomete	the last return/report filed for the plan year (defined beneficially and conditions.) annot use Form 5500-SF iC insurance program (see in/report will be assessed tions, I declare that I have is well as the electronic ver	or this plan, enter the efit plans do not etions.) and must instead u ERISA section 4021 unless reasonable examined this return/rep Yana Chepuso Enter name of indi Mike Evans Enter name of indi	3c 4b 4c 5a 5b 5c (IQPA) se Form)? [cause is /report, ir yort, and vidual sig	Administrator's I	Image: Selection of the se

Page 2

7 Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End	b) End of Year	
a Total plan assets	7a	4,456	,74	6			4,	450,91
b Total plan liabilities	7b							
c Net plan assets (subtract line 7b from line 7a)	7c	4,456	,74	6			4,	450,91
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:	8a(1)	53	,60	7				
(1) Employers			,21	-	-			
(2) Participants	8a(2)	105	141	-				
(3) Others (including rollovers)	8a(3)	799	,38	4	Sec. Sec.		1	10.200
b Other income (loss)	8b		100	-				962,20
 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 	8c							
to provide benefits)	8d	933	,30	6				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	34	,73	5			_	
g Other expenses	8g			1				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							968,04
i Net income (loss) (subtract line 8h from line 8c)	8i			_				(5,836
Transfers to (from) the plan (see instructions)	8j				and the			
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	terist		es in th	e instruct	ons.	
Part V Compliance Questions								
Part V Compliance Questions				Yes	No		Amou	nt
		he time period described in	10a	Yes	No X		Amou	nt
0 During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correc ? (Do not inc	he time period described in tion Program)	10a 10b	Yes			Amou	nt
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 	iciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported		Yes	х		Amou	nt 500,0
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	Iciary Correct ? (Do not inc fidelity bond	he time period described in tion Program) dude transactions reported , that was caused by fraud	10b		х		Amou	
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	he time period described in tion Program) dude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c		x x		Amou	
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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 amounegative amount)	12d				
e Will the minimum funding amount reported on	line 12d be met by the funding deadline?		Yes	No	N/A
Part VII Plan Terminations and Transf	ers of Assets				
13a Has a resolution to terminate the plan been adopt	ed in any plan year?		Yes X	No	
If "Yes," enter the amount of any plan assets the	hat reverted to the employer this year	13a			
b Were all the plan assets distributed to participation of the PBGC?	ants or beneficiaries, transferred to another plan, or brought under t	ne control		Yes	X No
C If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See the second se	were transferred from this plan to another plan(s), identify the plan be instructions.)	s) to			
13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					

14a Name of trust	14b Trust's EIN