## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		t Identification Informa	tion								
For	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
<b>A</b> 1	his ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)	er) a one-participant plan					
ВТ	his ret	urn/report is:	the first return/report	th	e final return/report							
			an amended return/repo	rt as	short plan year returr	n/report (less than 12 m	onths	)				
C	Check b	oox if filing under:	Form 5558	aı	utomatic extension		DFVC program					
			special extension (enter	description)								
Pa	rt II	Basic Plan Inf	ormation—enter all request	ed information	on							
	Name (						1b	Three-digit				
TRIAD	) ASSC	OCIATES 401(K) RE	TIREMENT SAVINGS PLAN					plan number (PN) ▶	002			
							1c	Effective date o				
								01/01				
			address; include room or suite r NING ASSOCIATES, INC.	number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-09				
							2c	Sponsor's telep				
		ΓΗ AVE. N.E. WA 98034					24	425-210				
Turu	_/ (( <b>1</b> ) )	VV/ 100004					Zu	Business code ( 54136				
3a	Plan ad	dministrator's name	and address XSame as Plan S	Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN			
							3с	Administrator's	telephone number			
4	If the n	ame and/or EIN of t	he plan sponsor has changed s	since the last	return/report filed fo	or this plan, enter the	4b	EIN				
		•	umber from the last return/repo	ort.			4-	511				
	•	or's name	to at the beginning of the plan.	100r			+	PN				
_			ts at the beginning of the plan y				5a		77			
			ts at the end of the plan year h account balances as of the er				5b		82			
С				•	•	•	5c		78			
6a	Were	all of the plan's asse	ets during the plan year investe	d in eligible a	assets? (See instruc	tions.)			X Yes No			
b			of the annual examination and						X Yes □ No			
			6? (See instructions on waiver either line 6a or line 6b, the p						N 163   No			
С	-		efit plan, is it covered under the						Not determined			
						•		. – –				
			e or incomplete filing of this rother penalties set forth in the in						able a Schodule			
SB c	r Sche		and signed by an enrolled actu									
SIGI		Filed with authorize	d/valid electronic signature.		07/08/2014	JENNIFER L. BIXEL						
HER	E	Signature of plan	administrator		Date	Enter name of individ	lual siç	gning as plan adn	ninistrator			
SIGI												
HER	E	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual siç	gning as employe	er or plan sponsor			
Prep	arer's i	name (including firm	name, if applicable) and addre	ss; include r	oom or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2013 Page **2** 

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Voc	(b) End of Year							
	Total plan assets	7a	(a) Beginning of Yea				(D) Ellu		285501		
<u>u</u>	Total plan liabilities	7b							.00001		
	Net plan assets (subtract line 7b from line 7a)	7c	443177	9	5285501						
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) 7	Γotal			
	Contributions received or receivable from:		(a) Amount				(D)	Otai			
	(1) Employers	8a(1)	5098	8							
	(2) Participants	8a(2)	20759	0							
	(3) Others (including rollovers)	8a(3)	30	0							
b	er income (loss)										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	95168		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3863	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e	280	7							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							41446	,	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						8	353722		
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 f 2E 2G 2J 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
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		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	Χ					5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 of	of the ben	efits under the plan? (See		Χ						
	instructions.)			10e		V				58	370
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					1031	05
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 2520.101	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	•					•	$\prod$	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fro					11a					_
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ТП	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		01 36	JUJII .	002 UI	LINIOA:		. 55		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ıg amortize	ed in this plan year, see instruc		and e	enter th	ne date of	the le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		, ca	·		
	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	C 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	14b Trust's EIN					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	r plan year 2013 or f	fiscal plan year beginning 01/01/2	2013	and ending 1	2/31/2013					
A This retu	ım/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	r) a one-participant plan					
B This retu	ım/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return.	report (less than 12 mo	onths)					
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC pro	gram				
	<u>-</u>	special extension (enter descri	iption)							
Part II	Basic Plan Info	ormation—enter all requested info	omation							
1a Name	180				1b Three-digit					
TRIAD ASSO	OCIATES 401(k) RE		plan number (PN) ▶	002						
			1c Effective date	e of plan						
						1/1991				
2a Plan sp TRIAD ENGI	onsor's name and a NEERING & PLANN	ddress; include room or suite numbe NNG ASSOCIATES, INC.	er (employer, if for a single-e	employer plan)	2b Employer Ide (EIN) 91-0	ntification Number 931631				
40440 445	FU AVE NE				2c Sponsor's te (425)	lephone number 216-2143				
KIRKLAND,	ΓΗ AVE. N.E. WA 98034				2d Business coo 541	le (see instructions) 360				
The second secon		and address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b Administrator	's EIN				
					3c Administrator	's telephone number				
					ļ.					
		he plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b EIN					
200000000000000000000000000000000000000	Nect Statement 1	umber from the last return/report.			2	HIMI-S-PAND-HIMIN				
a Sponse		ts at the beginning of the plan year			4c PN	77				
	NEDAVI SE CEO	ts at the end of the plan year				77 82				
	52 7050	h account balances as of the end of t			5b					
		11 account balances as of the end of the			5c	78				
		ets during the plan year invested in e				X Yes No				
		of the annual examination and repor 6? (See instructions on waiver eligib				Yes No				
		either line 6a or line 6b, the plan o								
(1000mm)-100		efit plan, is it covered under the PBG				☐ Not determined				
ATTORNEY OF THE PARTY OF THE PA	<u> </u>	I and the second		ID SHEFFERIN COMMISSION						
	The state of the s	e or incomplete filing of this return other penalties set forth in the instruc				The second secon				
SB or Sche		and signed by an enrolled actuary, a								
SIGN	* Dommin	u Pail	1 6.26 2014	* Jennifer	r L. Bixe	<u> </u>				
HERE	Signature of plan		Date	Enter name of individ		administrator				
SIGN	J.g				Jour Organing and plant	addining dates				
HERE	Signature of amn	loyer/plan sponsor	Date	Enter name of individ	dual signing as ampl	over or plan energer				
Preparer's	name (including firm	name, if applicable) and address; ir		r (optional)		one number (optional)				
VI 40244	3 3			तः स्र		<ul> <li>Machagine et al November et al Novembe</li></ul>				
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Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ľ			(b) End	of Y	ear	•
а	Total plan assets	7a	4431779			150-30110			8550	1
b	Total plan liabilities	7b						11-00		
C	Net plan assets (subtract line 7b from line 7a)	7c	4431779	3				52	85501	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(p)	Total		
а	Contributions received or receivable from:	0-41	50988	,			17	22.		
	(1) Employers	8a(1)	207590		-					Estimate in
	(3) Others (including rollovers)	8a(2) 8a(3)	300	<u> </u>	+			44.		
<u> </u>	Other income (loss)	8b	636290		+			i (din		devices.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	00020		-			c	95168	
d	Benefits paid (including direct rollovers and insurance premiums				-				33 100	7.561
	to provide benefits)	8d	38639	}						
320	Certain deemed and/or corrective distributions (see instructions)	8e	2807						l at	
_ <u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f					3	-	# 7	
_ <u>g</u>	Other expenses	8g						]	10 m	or from
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							41440	
+	Net income (loss) (subtract line 8h from line 8c)	8i			+			1	353722	2
	Transfers to (from) the plan (see instructions)	8j					1 115		- 39	
9a b	2E 2G 2J 2T 3D									
D										
Par 10	t V Compliance Questions  During the plan year:				Yes	·		1000		
7	Duning the plan year.									
а				10a	Tes	No X		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Com	ection Program)nclude transactions reported	10a 10b	169	-	N <del>at</del> Co	Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not	ection Program) include transactions reported	10b	X	x		Am		500000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Com	nclude transactions reported			x	N-1	Am		500000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	fidelity bo	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		x		Am		500000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity both	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	x	x		Am		
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	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity both fi	ection Program)	10b 10c 10d 10e 10f	x	x x		Am		
d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity both	ection Program)	10b 10c 10d 10e 10f 10g	x	x x x		Am		5870
d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity both	ection Program)	10b 10c 10d 10e 10f 10g 10h	x	x x x		Am		5870
d d d d d d d d d d d d d d d d d d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity boomer person of the ben (See instruction).	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X Aule Se	3 (Form	Am		5870 103105
e f Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity both fidelity fi	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X Aule Se	3 (Form	Am		5870 103105
e f Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements	fidelity both per person of the benton of th	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X Aulule SE	************	Am		5870 103105
6 dd	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for the strip is a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below)	fidelity boomer person of the ben of the ben of the ben of the series of year experience of the requirements? (If """""""""""""""""""""""""""""""""""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X X Schec	X X X X Aulule SE	ERISA?		Yes	5870 103105 \[ \] No
6 dd	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for the second of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a walver of the minimum funding standard for a prior year is bei granting the waiver.	fidelity boomer person of the ben	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i pplete	X X X Schec	X X X X Aulule SE	ERISA?		Yes Yes	5870 103105 \[ \] No
6 d d d d d d d d d d d d d d d d d d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for the second of the minimum funding (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 beit	fidelity both fi	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X X X Schection;	X X X X A X A A A A A A A A A A A A A A	ERISA?	the le	Yes Yes	5870 103105 \[ \] No

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Form	55111	1-SE	201	

Page 3 -	1

С	Ente	the amount contributed by the employer to the plan for this plan year	12c	10012	983 FEB			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a live amount)	12d	4.000	-31001476-553			
е	Will t	ne 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		3800230				
13a	Has a	resolution to terminate the plan been adopted in any plan year?	Y	es X N	lo			
ž.	lf "Y∈	s," enter the amount of any plan assets that reverted to the employer this year	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the		0.00	∏ Yes 🕅 No			
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to					
	3c(1)	Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)		- an				
14a Name of trust					14b Trust's EIN			