Form 5500-SF		Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan				2013			
De	partment of Labor nefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).							
	nefit Guaranty Corporation	Inspection							
Perison benefit dualative corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
For calenda	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This retu	urn/report is for:		a multiple-employer pl the final return/report	lan (not multiemployer)		a one-participant plan			
B This retu	urn/report is:								
Image: Check box if filing under: Image:						—			
						DFVC program			
		special extension (enter description							
Part II		nation—enter all requested information	tion		46	-			
1a Name of PASSPORT	of plan JNLIMITED RETIREME	INT SAVINGS PLAN			10	Three-digit plan number (PN) ▶ 001			
					1c	Effective date of plan 11/01/1994			
2a Plan sp PASSPORT		ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1143040			
801 KIRKLAI					2c	Sponsor's telephone number 425-827-7017			
KIRKLAND,					2d	Business code (see instructions) 541800			
3a Plan ac	Iministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN			
3c Administrator's telephone number									
	EIN, and the plan numb	lan sponsor has changed since the la per from the last return/report.	ist return/report filed fo	or this plan, enter the	4b EIN 4c PN				
<u> </u>		the beginning of the plan year				55			
		the end of the plan year			5a 5b	54			
C Numbe	er of participants with ac	count balances as of the end of the pl	an year (defined bene	efit plans do not	5c	44			
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
-		plan, is it covered under the PBGC ins			_				
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date Enter name of indiv						ning as plan administrator			
SIGN									
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's i	ame (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone number (optional)			

7 Plan Assets and Liabilities		(a) Beginning of Y	ear	(b) End of Year			
a Total plan assets	7a	14507	748				1837240
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)		14507	748	1837240			1837240
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a Contributions received or receivable from:	0-(1)	228	11				
(1) Employers				_			
(2) Participants			00				
(3) Others (including rollovers) b Other income (loss)		3125	540				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).		0120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				498357
d Benefits paid (including direct rollovers and insurance)							400007
to provide benefits)		992	293				
e Certain deemed and/or corrective distributions (see	instructions) 8e						
f Administrative service providers (salaries, fees, com	missions) 8f						
g Other expenses	8g	125	572				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						111865
Net income (loss) (subtract line 8h from line 8c)				_			386492
j Transfers to (from) the plan (see instructions)	····· 8j						
b If the plan provides welfare benefits, enter the applied	cable welfare feature c	odes from the List of Plan Cha	acterist	ic Cod	es in tl	he instruction	ons:
Part V Compliance Questions							
Part V Compliance Questions				Yes	No		Amount
			n 10a	Yes	No X		Amount
During the plan year:a Was there a failure to transmit to the plan any parti	S Voluntary Fiduciary Co party-in-interest? (Do no	prrection Program) ot include transactions reported	10a	Yes			Amount
 During the plan year: a Was there a failure to transmit to the plan any parti 29 CFR 2510.3-102? (See instructions and DOL's b Were there any nonexempt transactions with any p 	S Voluntary Fiduciary Co party-in-interest? (Do no	prrection Program) ot include transactions reported	10a	Yes	Х		Amount 25
 During the plan year: a Was there a failure to transmit to the plan any parti 29 CFR 2510.3-102? (See instructions and DOL's b Were there any nonexempt transactions with any p on line 10a.). 	S Voluntary Fiduciary Co party-in-interest? (Do no d by the plan's fidelity b	orrection Program)orrection Program)or ot include transactions reported	10a 10b 10c		Х		
 During the plan year: Was there a failure to transmit to the plan any parti 29 CFR 2510.3-102? (See instructions and DOL's Were there any nonexempt transactions with any p on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimburse or dishonesty? Were any fees or commissions paid to any brokers insurance service, or other organization that provided to the plan that plan the plan the	S Voluntary Fiduciary Co party-in-interest? (Do no ed by the plan's fidelity b s, agents, or other perso des some or all of the b	prrection Program) ot include transactions reported bond, that was caused by frauc ons by an insurance carrier, enefits under the plan? (See	10a 10b 10c 10c		× ×		25
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			1			
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				
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 Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	۲ 🗌	′es 🗙 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 X No		
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	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)		
_						
Part	VIII Trust Information (optional)					
	Name of trust SPORT UNLIMITED RETIREMENT SAVIN		ust's EIN 11143040			

Form 5500-SF Department of the Treasury		Return/Report of Small Employ Benefit Plan	yee		OMB Nos. 1210-01 1210-00	
Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605					
Department of Labor Employee Benefits Security Administration		ernal Revenue Code (the Code).	o(a) 01		is Open to Public	
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instructions to the Form 550	00-SF.	n.	spection	
Part IAnnual ReportFor calendar plan year 2013 or fis	Identification Information	01 (01 (0010		101 10010		
-	x a single-employer plan	01/01/2013 and ending	12,	/31/2013		
A This return/report is for: B This return/report is:		a multiple-employer plan (not multiemployer)	L] a one-particij	pant plan	
	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n				
C Check box if filing under:	Form 5558	automatic extension	nontns)			
	special extension (enter descrip			DFVC progra	una	
Part II Basic Plan Info		· · · · · · · · · · · · · · · · · · ·				
1a Name of plan	prmation enter all requested in	Iormation	<u>1h</u> т	hree-digit		
	Retirement Savings Plan		p p	lan number	6.01	
	Therefore bavings right		<u> </u>	PN) >	001 folan	
<u> </u>				1/01/1994		
2a Plan sponsor's name and ac Passport Unlimited	ddress; include room or suite number	r (employer, if for a single-employer plan)	•	Employer Identi EIN) 91-11	fication Number 43040	
801 Kirkland Avenue	2		<u> </u>	ponsor's telep (425) 827-	7017	
TS Kirkland	TTA 00000	and a second		Business code	(see instructions)	
US Kirkland 3a Plan administrator's name a	WA 98033 nd address X Same as Plan Spon	isor Name 🔲 Same as Plan Sponsor Address		dministrator's	FIN	
					L HN	
			3C A	dministrator's	telephone number	
			3 C A	dministrator's	telephone number	
			3C A	dministrator's	telephone number	
If the name and/or EIN of the name. EIN, and the plan nur	e plan sponsor has changed since th	e last return/report filed for this plan, enter the	3C A 4b E		telephone number	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 	e plan sponsor has changed since th nber from the last return/report.	e last return/report filed for this plan, enter the	4b E	in in 22 average in 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 IN 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997		
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Page 2

int lufe **a**:

	rt III Financial Information						······		
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a	l plan assets			48	-	1,837,240			
b	l plan liabilities					•			
	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)					1,837,240		
	ome, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total			
а	Contributions received or receivable from: (1) Employers								
**	(1) Employers 8a(1) (2) Participants 8a(2)			22,814 163,003					
	(2) Participants	103,0	03		e de pres References				
b	Other income (loss)	8a(3) 8b	210 5	40					
•••	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	312,5	40 80					
d	Benefits paid (including direct rollovers and insurance premiums	00				0.000 AMPL(1), TREE(498,357		
	to provide benefits)	8d	99,2	93			hi n: Marin i se		
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g	12,5	72			a an		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					111,865		
	Net income (loss) (subtract line 8h from line 8c)	8i					386,492		
	Transfers to (from) the plan (see instructions)	8j		-					
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension fermion	ature cod	es from the List of Plan Charge	toriot	in Cod	log in the			
	3D 2E 2F 2G 2J 2K		es nom the List of Flat Ghalat	lensi		es in uit	e instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for		- from the Link of Dire of						
	If the plan provides welfare benefits, enter the applicable welfare fea	lure code:	s from the List of Plan Characte	eristic	: Code	s in the	instructions		
Pa	Compliance Questions								
10	During the plan year:				<u>.</u>				
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period described in		Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	' (Do not ii	nclude transactions reported	10b		x			
c	Was the plan covered by a fidelity bond?			100	x		250,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity hon	d that was caused by fraud	100	^ _	· ·	250,000		
	of disnonesty?	*****	***********	10d		x			
e	the state of the s	er persons	by an insurance carrier,						
	insurance service, or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	40-	x		10,000		
f				10e 10f	~		12,232		
g	Did the plan have any participant leave? (# IV-= I					x			
h	If this is an individual account plan, was there a blackout period? (5			10g	x		16,800		
	2520.101-3.)		Clions 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								
Par	VI Pension Funding Compliance	<u></u>		10 i					
11									
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39					t1a			
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being					. 1			

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

12b

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

Form 5500-SF 2013

Page 3-

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		
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 Transfers of Assets			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	<u>Г</u>	es X N	
	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 X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(a):	(2) EIN	(S)	13c(3) PN(s)
Part	VIII Trust Information (optional)			<u> </u>
14a N	Jame of trust	14b T	rust's EIN	FM :
P	assport Unlimited Retirement Savin		91-114:	3040