Form 5500-SF		Short Form Annual Return/Report of Small Employ					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			2013		013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).							
Pension B	enefit Guaranty Corporation	Complete all entries in accordance	ance with the instruc	tions to the Form 5500)-SF.	pection			
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
B This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	n/report (less than 12 mc	·					
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	tion						
1a Name	•				1b	Three-digit plan number			
WASHINGI	ON PARTNERS, INC. RE	ETIREMENT PLAN				(PN) ►	001		
				-	1c	Effective date of	f plan		
						01/01/	/1998		
	ponsor's name and addre	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-18	fication Number 68488		
701 PIKE S	TREET, SUITE 1650				2c	Sponsor's telephone number 206-621-1996			
SEATTLE, V	WA 98101				2d	Business code (see instructions) 531210			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
4 If the	name and/or EIN of the n	lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	<u>4</u> b	EIN			
name	, EIN, and the plan numb	per from the last return/report.	st return report med to			EIN			
<u> </u>	or's name					PN			
		the beginning of the plan year		-	5a	21			
b Total number of participants at the end of the plan year					5b		21		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		19		
-		luring the plan year invested in eligible							
		ne annual examination and report of a							
		See instructions on waiver eligibility a					X Yes 🗌 No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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									
	true, correct, and comple Filed with authorized/va		TSV						
SIGN HERE		č	07/15/2014	PATRICK PENDERGA					
SIGN	Signature of plan adn	ninistrator	Date	Enter name of Individu	dual signing as plan administrator				
HERE	Signature of employe	r/nlan sponsor	Date Enter name of individ			idual signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include			-		number (optional)		

a Total plan lasels	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
c Net plan assets (subtract line 76 from line 7a) 7c C0094190 7228005 3 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Contributions received or received from: 8a(1) 316581 2 Contributions received or received from: 8a(2) 2028000 30 Others (including rollovers) 8a(3) 0 40 Others (including rollovers) 8a(3) 0 50 Others (including rollovers) 8a(3) 0 6 C tradit income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1760057 6 C tradit income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1760057 6 C tradit income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1760057 7 Contributions expresse functions (see instructions), 8e 8d 150057 9 Other expenses 8g 1770315 9 Farati Accements, and lines 8d, 8e, 8f, and 8g) 8i 1770315 9 Plan Characteristic Codes in the instructions: 8g 1770315 9 Plan Characteristic Codes in the instructions: 8g	a Total plan assets	7a								
Income Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8e(1) 316591	b Total plan liabilities	7b								
a Contributions received or receivable from: a Contributions received or receivable from: Ba(1) 316581 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	609849	6098490			7828805			
(1) Employers 8a(1) 316581 (2) Participants 8a(2) 203800 (3) Others (including collovers) 8a(3) 203800 C Total income (detal ines 8a(1), 8a(2), 8a(3), and 8b) 8c 1265706 C Total income (detal ines 8a(1), 8a(2), 8a(3), and 8b) 8c 1780087 C Total income (detal ines 8a(1), 8a(2), 8a(3), and 8b) 8c 1780087 C Contain demode and/or corrective distributions (see instructions). 8c 1780087 G Other expenses 8g 1 Total expenses (add lines 8d,	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
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(a) Other income (loss) Be(3) (b) Other income (loss) Bb (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d (c) Other expenses 8d (c) Other expenses 8d (c) Other expenses 8g (c) Other paris to (from) the plan (see instructions) 8i (c) Other expenses 730315 (c) Other plan (see instructions) 8g (c) Other plan (see instructions) 8g (c) Other plan (see instructions) 8g (c) Other plan see: 730315 (c) Other plan see: 74										
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			1259706			4700007				
to provide benefits)	-	80			-		1760067			
f Administrative service providers (salaries, fees, commissions)		8d	13067							
Other expenses 8g In Total expenses 8g In Total expenses 8g In Total expenses 8i In tincome (loss) (subtract line 8h from line 8c) 8i In tincome (loss) (subtract line 8h from line 8c) 8i In the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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 0 During the plan year: 26 C/2 / 2/K 2/R 2/T 3/D 20 C/2 / 2/K 2/R 2/T 3/D 0 During the plan year: 10 0 During the plan year: 29 CFR 25/0.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a 20 CFR 25/0.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10b × 20 Were any fees or commissions paid to any brokers, gents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? 10c × 9 Did the plan have an ose, whether or not reimbursed by tend 9 (See instructions and 20 CFR 250.010-3. 10h × 11 This is an indinidual account	e Certain deemed and/or corrective distributions (see instructions)	8e								
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Yes	No	Amount			
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 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 N (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. 	 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction re required n 1-3 	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	3 (Form			
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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.) c Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required n 1-3 ents? (If "Yes om Schedule requirement	tion Program) dude transactions reported that was caused by fraud that was caused by fraud the plan? (See the	10b 10c 10d 10e 10f 10g 10h 10i	X Schecc	X X X X X X X Iule SE	3 (Form	X N		
	 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.) c Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction the required n 1-3 ents? (If "Yea om Schedule requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Scheccion 3	X X X X X X X X Iule SE	3 (Form	X N		

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 c of 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.)							
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust			ust's EIN					