Form 5500-SF		Short Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	Benefit Plan			2013		013	
De	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 603 Employee Benefits Security Administration the Internal Revenue Code (the Code).							
Pension Be	nefit Guaranty Corporation	Complete all entries in accord		,	0-SF.	Ins	pection	
Part I	Annual Report Id	entification Information						
For calenda	r plan year 2013 or fisca	l plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013		
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	oant plan	
B This retu	urn/report is:	the first return/report	the final return/report			_		
	Γ. Γ	an amended return/report	a short plan year returr	n/report (less than 12 m	onths))		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım	
• • • • • • •		ے special extension (enter descriptio						
Part II								
1a Name of					1b	Three-digit		
TIER 3 401(k						plan number		
						(PN) 🕨	001	
					1c	Effective date o	•	
2a Plan sp TIER 3, INC.		ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 27-43	fication Number 69692	
110 110TH A	VE NE STE. 520				2c	Sponsor's telep 877-388		
	WA 98004-5854				2d	Business code (54151	see instructions)	
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					_			
					3C	Administrator's	elephone number	
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN		
name, a Sponso		er from the last return/report.			4c	DN		
<u> </u>		the beginning of the plan year					39	
_		the end of the plan year						
		count balances as of the end of the p			50		55	
			, ,		5c		25	
6a Were	all of the plan's assets d	uring the plan year invested in eligibl	e assets? (See instruc	tions.)			X Yes No	
		e annual examination and report of a						
		See instructions on waiver eligibility a er line 6a or line 6b, the plan canno					X Yes No	
-		plan, is it covered under the PBGC in					Not determined	
		Man, is it covered under the r boo in					Not determined	
		incomplete filing of this return/rep						
SB or Sche		 penalties set forth in the instructions signed by an enrolled actuary, as we te. 						
SIGN	Filed with authorized/va	lid electronic signature.	07/22/2014	SCOTT SANTERRE				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sic	ining as emplove	r or plan sponsor	
	name (including firm nam	ne, if applicable) and address; include					number (optional)	
SCOTT SAN	ITERRE WAITE & NETTERVILLE	:				225-922	2-4600	
8550 UNITE								
STE 1001	JGE, LA 70809							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year	
a Total plan assets		11853					34562	
b Total plan liabilities	7b		0				0	
C Net plan assets (subtract line 7b from line 7a)		11853	8				34562	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable from:			2					
(1) Employers)	_				
(2) Participants		19488		_				
(3) Others (including rollovers)		1057		_				
b Other income (loss)		3662	(_			0.40070	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_			242078	_
d Benefits paid (including direct rollovers and insurance prem to provide benefits)		16952	2					
e Certain deemed and/or corrective distributions (see instructions		(C					
f Administrative service providers (salaries, fees, commission	ns) 8f	102	2					
g Other expenses		()					
h Total expenses (add lines 8d, 8e, 8f, and 8g)							17054	
i Net income (loss) (subtract line 8h from line 8c)							225024	
j Transfers to (from) the plan (see instructions)	····· 8j		0					
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable w		from the List of Plan Charac	Jensu	0 0000	50 III U			
Part V Compliance Questions								
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant of the plan any partici	contributions within th	ne time period described in		Yes	No X		Amount	
Part V Compliance Questions I0 During the plan year: a Was there a failure to transmit to the plan any participant of 29 CFR 2510.3-102? (See instructions and DOL's Volunt) b Were there any nonexempt transactions with any party-in-	contributions within th ary Fiduciary Correc interest? (Do not inc	ne time period described in tion Program) lude transactions reported	10a 10b		No			
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Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the plan any participant of 29 CFR 2510.3-102? (See instructions and DOL's Volunt) b Were there any nonexempt transactions with any party-in-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 or dishonesty? e Were any fees or commissions paid to any brokers, agent: insurance service, or other organization that provides some service.	contributions within th ary Fiduciary Correc interest? (Do not inc e plan's fidelity bond, s, or other persons b ne or all of the benefit	that was caused by fraud	10a 10b 10c 10d		No × × ×		Amount	106
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant of 29 CFR 2510.3-102? (See instructions and DOL's Volunt b Were there any nonexempt transactions with any party-in- 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 or dishonesty? e Were any fees or commissions paid to any brokers, agent: insurance service, or other organization that provides som instructions.)	contributions within th ary Fiduciary Correct interest? (Do not inc e plan's fidelity bond, s, or other persons b ne or all of the benefit	ne time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No × × ×		Amount	106
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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 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	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

	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				e 2013		
Department of Labor Employee Benefits Security Administration	tion Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				8(a) of This Form is Open to Pul Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in accore	dance with the instruct	tions to the Form 550				
Part I Annual Report I For calendar plan year 2013 or fise	dentification Information cal plan year beginning 01/01/201	2	and ending	12/31/	2013		
	\mathbf{X} a single-employer plan	a multiple-employer pla		12/31/	a one-partici	nant nian	
A This return/report is for:	the first return/report	the final return/report	an (not mattemployer)			pant plan	
B This return/report is:		a short plan year return	/report (less than 12 m	onths			
C Obset hav if filing under	Form 5558	automatic extension		011110	DFVC progra	m	
C Check box if filing under:	special extension (enter description						
Part II Basic Plan Infor	mation—enter all requested inform						
1a Name of plan			<u></u>	1b	Three-digit		
TIER 3 401(K)					plan number		
				10	(PN) Effective date o	001	
						1/2011	
2a Plan sponsor's name and add TIER 3, INC.	ress; include room or suite number (e	mployer, if for a single-e	employer plan)	2b	b Employer Identification Number (EIN) 27-4369692		
110 110TH AVE NE STE 520				2c	2c Sponsor's telephone number 877-388-4373		
BELLEVUE, WA 98004-5854				2d	Business code 5415	(see instructions) 19	
3a Plan administrator's name and	l address 🛛 Same as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
				30	Administrator's	telephone number	
					Administrator 5		
A If the name and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4h	FIN		
	plan sponsor has changed since the l ber from the last return/report.	last return/report filed fo	r this plan, enter the		EIN		
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.			4c			
name, EIN, and the plan num a Sponsor's name 5a Total number of participants a	ber from the last return/report.			4c 5a		39	
name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a	ber from the last return/report. at the beginning of the plan year at the end of the plan year			4c		<u>39</u> 55	
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