For	m 5500-SF	Short Form Annual Re	•	of Small Employee OMB Nos. 1210-011 1210-008					
Department of the Treasury Internal Revenue Service		Benefit Plan			2013				
Department of Labor Retirement Income Security			filed under sections 104 and 4065 of the Employee t of 1974 (ERISA), and sections 6057(b) and 6058(a) of rnal Revenue Code (the Code).			This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SI						Ins	spection		
Part I	Annual Report Id	lentification Information							
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	A This return/report is for:						pant plan		
B This ret	urn/report is:	the first return/report the first return/report	ne final return/report						
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths))			
C Check box if filing under:							am		
	special extension (enter description)								
Part II	Basic Plan Inforr	nation—enter all requested information	on		T		1		
1a Name of TOPICS ENT	•	11(K) PROFIT SHARING PLAN			1b	Three-digit plan number			
	,					(PN) 🕨	001		
					1c	Effective date o	•		
	oonsor's name and addr FERTAINMENT, INC	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi			
	VENUE SOUTHWEST				2c	Sponsor's telep			
RENTON, W					2d	Business code 42499	Business code (see instructions)		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's			
					3c	3c Administrator's telephone number			
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report. 									
a Sponsor's name						4c PN			
5a Total r	number of participants at	the beginning of the plan year			5a		42		
		the end of the plan year			5b	_	35		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		29		
		luring the plan year invested in eligible	•	,			X Yes 🗌 No		
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No		
		er line 6a or line 6b, the plan cannot							
c If the p	lan is a defined benefit	plan, is it covered under the PBGC insu	urance 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 belief, it is true, correct, and complete.									
	Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date Enter name of individual signing as plan adm				ninistrator					
SIGN HERE									
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
	iame (including intri flaf	חיב, וו מטטופטאין מויט מטטופטט, וווטעטפ ו	room of suite numbe	ι (ομιοτιαι)	Fiep	arer s telephone			

Pa	t III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of \			l of Y	ear	
а	Total plan assets	7a	680558			850108				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	68055	8				8	350108	i -
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	995	9						
	2) Participants			3						
	(3) Others (including rollovers)									
b	Other income (loss)	8b	18415	6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	59958	
_	Benefits paid (including direct rollovers and insurance premiums									
-	to provide benefits)	8d	9040	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g			_					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							90408	}
	Net income (loss) (subtract line 8h from line 8c)	8i							169550)
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 ${}_{2}F$ ${}_{2}J$ ${}_{2}K$ ${}_{3}D$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	51	
b		actura and	as from the List of Dian Chara	otoriot		loo in t	ha inatrua	tionar		
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature cou		clensi		ies in t	ne instruc	uons.		
Part	Part V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribu			10a		х				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			IVa		Х				
	on line 10a.)				Х	~				
				10c	~					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g				-		Х				
9 h				10g						
	2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	•								
	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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes Yes										
<u>11a</u>	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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 beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	the le Yea		ing
lf	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					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	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	۱ 🗌	res 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	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	3 c(2) El	N(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
	Name of trust ICS ENTERTAINMENT, INC. 401(K) P		rust's EIN 50466220					

	Form 5500-SF		rt Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089	
	Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2	2013	
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(Employee Benefits Security Administration the Internal Revenue Code (the Code).				(a) of		s Open to Public		
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						spection	
-	art I Annual Report Id calendar plan year 2013 or fisca	dentification Information	01/01/2013	and onding	10	/21 /2012		
and the second s				and ending lan (not multiemployer)	 	/31/2013 a one-particip		
	This return/report is:		the final return/report	· · · · · ·	L	J a one-particip	ant plan	
_			•	rn/report (less than 12 m	onths)			
С	Check box if filing under:	╡	automatic extension		DFVC program			
		special extension (enter description))		L] , 3		
P	art II Basic Plan Infor	mation enter all requested inform	nation					
1a	Name of plan		00000-00 <u>0</u> 0-00			hree-digit		
	Topics Entertainment	., Inc. 401(k) Profit Shar	ing Plan			olan number PN) ►	001	
						Effective date of 08/01/2001	plan	
2a		ress; include room or suite number (em	ployer, if for a single	-employer plan)			ication Number	
	Topics Entertainment	, Inc				EIN) 91-148		
	3405 Lind Avenue Sou	thwest			2c Sponsor's telephone number (425) 656-3621			
					2d Business code (see instructions) 443120			
	Renton Plan administrator's name and	WA 98057 address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address		dministrator's E	EIN	
					3c A	dministrator's t	elephone number	
4		blan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b E	EIN		
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c F	N N		
		the beginning of the plan year	*****		5a		42	
b	• •	the end of the plan year			5b		35	
С		count balances as of the end of the pla			5c		29	
6a		uring the plan year invested in eligible a					XYes No	
b		e annual examination and report of an See instructions on waiver eligibility an	al(M))	d public accountant (IQP		*****	XYes No	
		er line 6a or line 6b, the plan cannot						
C	If the plan is a defined benefit p	plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?	•••••	Yes No	Not determined	
		r incomplete filing of this return/repo					<u> </u>	
SB	or Schedule MB completed and ief, it is true, correct, and completed	er penalties set forth in the instructions, I signed by an enrolled actuary, as wel ete.	, I declare that I have Il as the electronic ve	examined this return/report rsion of this return/report	ort, incl , and to	uding, if applica the best of my	able, a Schedule knowledge and	
	GN Mule KOL	~	7/31/2014	Mark K O	son			
120	ERE Signature of plan admin	istrator	Date	Enter name of individua		as plan admin	istrator	
SI	GN MylkOk	m	7/31/2014	Mark K.C	1	· · · · · · · · · · · · · · · · · · ·		
632mm	ERE Signature of employer/p	lan sponsor	Date	Enter name of individua	l signing	g as employer o	r plan sponsor	
Pre	eparer's name (including firm nar	me, if applicable) and address; include	room or suite numb	er (optional)	Prepar	er's telephone r	number (optional)	
8								
	<u></u>					C. States		
For	Paperwork Reduction Act No	tice and OMB Control Numbers, see	a the instructions for	r Form 5500-SE		En	m 5500-SE (2013)	

850,108

850,108

259,958

90,408

169,550

Amount

60,000

Yes X No

Yes X No

(b) Total

Part III **Financial Information** 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets 7a 680,558 а h Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c 680,558 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 9,959 8a(1) (1) Employers 65,843 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b 184,156 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 90,408 to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g q h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j Part IV **Plan Characteristics** 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 2F 2.Т 2K 3D b 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** 10 Yes No During the plan year: а Was there a failure to transmit to the plan any participant contributions within the time period described in х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b х on line 10a.) **C** Was the plan covered by a fidelity bond? 10c х d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service, or other organization that provides some or all of the benefits under the plan? (See х 10e instructions.) f Has the plan failed to provide any benefit when due under the plan? 10f х 10g **g** Did the plan have any participant loans? (If "Yes," enter amount as of year end.) х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 2520.101-3.) х 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 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) **11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... (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 _ Dav _ Year _

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 12b Form 5500-SF 2013

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	art VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	······	res XIN	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 undo of the PBGC?	er the control		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	13c(1) Name of plan(s):	13c(2) EII	l(s)	13c(3) PN(s)				
Part	t VIII Trust Information (optional)			1				

14a Name of trust	14b Trust's EIN
Topics Entertainment, Inc. 401(k) P	45-0466220