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).

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2013

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

	-			n					
For c	alenda	ir plan year 2013 or fi	scal plan year beginning 01/0	01/2013		and ending 1	2/31/	2013	
A T	his retu	urn/report is for:	X a single-employer plan	an	nultiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B T	his retu	urn/report is:	the first return/report	the	final return/report				
			an amended return/report	a sl	nort plan year returr	n/report (less than 12 m	onths)	
C c	heck b	ox if filing under:	Form 5558	aut	tomatic extension			DFVC progra	am
		9	special extension (enter des	scription)				ш -	
Par	t II	Basic Plan Info	<u> </u>		n				
			onto an roquotou	momato			1b	Three-digit	
		•						plan number	
	A This return/report is for: B This return/report is: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
							1c		•
				nber (empl	oyer, if for a single-	employer plan)	2b		
		ar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending urn/report is for:					2c	Sponsor's telep	phone number
		and a plan year 2013 or fiscal plan year beginning 01/01/2013 and e s return/report is for:					•		
DELLE	For calendar plan year 2013 or fiscal plan year beginning 0101/2013 and ending 1231/2013 A This return/report is for:								
3a ⊦	Plan ac	lministrator's name a	nd address XSame as Plan Spor	nsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
4 1	f the n	ame and/or EIN of the	e plan sponsor has changed since	e the last	return/report filed fo	or this plan, enter the	4b	FIN	
						,			
	•							PN	
5a -	Total n	umber of participants	at the beginning of the plan year	r			5a		9
b -	Total n	umber of participants	at the end of the plan year				5b		11
					•	•	5c		11
6a	Were	all of the plan's asset	s during the plan year invested in	n eligible a	ssets? (See instruct	tions.)			X Yes No
									Voc □ No
			•		,				N Tes ∐ NO
	-								Not determined
	i ilie p	iaii is a delilied belle	in plan, is it covered under the FD	JGC IIIsui	ance program (see	LNISA SECTION 4021)! .	∟	l les 🗌 luo 📙] Not determined
SB or	r Sche	dule MB completed a	nd signed by an enrolled actuary,						
SIGN		Filed with authorized	valid electronic signature.		08/22/2014	RHONDA SIMPSON			
HERE	E	Signature of plan a	dministrator		Date	Enter name of individu	ual sig	gning as plan adr	ministrator
SIGN	ı								
HERE	E	Signature of emplo	yer/plan sponsor		Date	Enter name of individu	ual sid	ning as emplove	er or plan sponsor
Prepa	arer's r			include ro					
						ł			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor	,		
	Total plan assets	7a	(a) Beginning of Tea				(b) End o	122			
	Total plan liabilities	7b							-		
	Net plan assets (subtract line 7b from line 7a)	76 7c	5900	8				122	316		
8	Income, Expenses, and Transfers for this Plan Year	76					/b) To		010		
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	1834	3							
	(2) Participants	8a(2)	3419	16							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1076	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						633	308		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
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									
i	Net income (loss) (subtract line 8h from line 8c)	8i						63	308		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	٠,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
Dan	t V Compliance Overtions										
Par	•				V		1				
10	During the plan year:	4:	- 46 41		Yes	No	<i>,</i>	mour	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
					X					4.00	200
				10c						100	000
	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 										
	instructions.)			10e	X					3	367
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g	X					51	139
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X				J 1	55
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	Is this a defined benefit plan subject to minimum funding requirem								. г	_	
	5500) and line 11a below)							Y	'es		No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Y	'es	X	No
	(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 beir granting the waiver.		Mon		, and (enter th Day	_	e lettei ⁄ear _	r rulin	ng	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		ī				
	Enter the minimum required contribution for this plan year				- 1	12b	I				

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	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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Inform	ation			01.		
			scal plan year beginning	01/01/2013		and ending	12/31/	2013	
Δ	This reti	urn/report is for:	X a single-employer plan	1 Day	nultiple employer pl	an (not multiemployer)			W 2
92275		and the state of t		=	26 2800 At 1080	an (not mulliemployer)		a one-particl	pant plan
D	inis reti	um/report is:	the first return/report		e final return/report				
			an amended return/re	pont ∐as	hort plan year returr	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	X Form 5558	au	tomatic extension			DFVC progra	am
			special extension (ent	er description)					
Pa	art II	Basic Plan Info	rmation—enter all reque	sted informatio	n				
1a	Name						1h	Three-digit	
SPI	RETIRE	MENT PLAN						plan number	
								(PN) •	001
							1c	Effective date o	f plan
•		Control of the Contro			2			11/01/2	2011
SIGN	Plan sp NAL PAT	onsor's name and add TH INTERNATIONAL.	dress; include room or suit LLC	e number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	fication Number
								(EIN) 32-009	N. Albertan
							2c	Sponsor's telep	hone number
2045	- 120TI	HAVE. N.E., SUITE 1	00					(704) 26	Marie September 1
BELL	EVALE	WA 98005					2d	Business code (
	A Property of	SOUTH CONTRACTOR TO THE STATE OF THE STATE O	nd address XSame as Pla	n Changes Nam	- To	A	0.	443142	
Vu	i iaii ac	ministrator s name an	id address Moaine as Fia	ii Sporisor ivaii	e Lisame as Plan	Sponsor Address	3D	Administrator's	EIN
							30	Administrator's	telephone number
								Administrator 5	lelephone number
4	If the n	ame and/or EIN of the	plan sponsor has change	d since the last	return/report filed for	r this plan, enter the	4b	EIN	
			nber from the last return/re	port.			_		
		or's name	-1.4b1					PN	
5a			at the beginning of the pla				ou		9
b			at the end of the plan year				5b		11
C	Numbe	er of participants with a	account balances as of the	end of the plan	year (defined bene	fit plans do not	1724		7.
							5c		11
6a	Were	all of the plan's assets	during the plan year inves	sted in eligible a	ssets? (See instruc	tions.)	• • • • • • • • • • • • • • • • • • • •	••••••	Yes No
b	under	ou claiming a waiver of 29 CFR 2520 104-467	the annual examination at (See instructions on waiv	nd report of an i	ndependent qualifie	d public accountant (IQ	PA)		⊠ v □ v
	If you	answered "No" to ei	ther line 6a or line 6b, the	e plan cannot	use Form 5500-SF	and must instead use	Earm		Yes No
c			it plan, is it covered under						iwaa ee e
									Not determined
Ca	ıtion: A	penalty for the late of	or incomplete filing of thi	s return/repor	will be assessed	uniess reasonable cau	ıse is	established.	
Und	der pena	ilties of perjury and oth	ner penalties set forth in th	e instructions, I	declare that I have	examined this return/rep	oort, ir	cluding, if applica	able, a Schedule
beli	ef. it is t	rue, correct, and comp	nd signed by an enrolled a	ctuary, as well a	is the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
					0 10 1				
SIG		x bleg	he Sha	2	18.18.14	1×1 [Chool	~ `	VMOSV	7
HE	RE	Signature of plan a	dministrator	l,	Date	Enter name of individ	ual eic	ning as plan ada	l siniatrata
SIG	N	-	The state of the s	75		The first to of a givin	uui oit	ania as high gan	mistrator
HE		Clamatura of ample	usulalan ananasa						
Pre	parer's r	Signature of emplo	genplan sponsor ame, if applicable) and ad	dress, include a	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
. 10	pui 01 0 1	issue finerading min ii	in applicable) and au	aross, moduce fi	Join or suite number	(opuonal)	Prep	arers telephone	number (optional)
									yc11
									1

Pa	rt III Financial Information						
7	Plan Assets and Liabilities	an Assets and Liabilities (a) Beginning of Yea		ar		*********	(b) End of Year
а	Total plan assets	. 7a	5900				122316
b	Total plan liabilities	7b			\dashv		122010
С	Net plan assets (subtract line 7b from line 7a)	7c	5900	18			122316
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1834	3		***************************************	(D) Total
	(2) Participants	8a(2)	3419	16	\top		
	(3) Others (including rollovers)	8a(3)			+		
b	Other income (loss)	8b	1076	9	1-		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				- All	63308
d	Benefits paid (including direct rollovers and insurance premiums			-			03308
	to provide benefits)	8d					
2000	Certain deemed and/or corrective distributions (see instructions)	8e					
5	Administrative service providers (salaries, fees, commissions)	8f					L. L. Magdillaria
<u>g</u> _	Other expenses	8g					
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					63308
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	feature cod	des from the List of Plan Char	acteri	stic Co	des in	the instructions:
b	A CONTROL OF THE PROPERTY OF T		f # - Ll (Pl - 0)			· orange of Va	5 W 35 10
	If the plan provides welfare benefits, enter the applicable welfare for	salure coul	es from the List of Plan Chara	ctensi	ic Coc	les in t	he instructions:
Par	V Compliance Questions	UIEDA -					
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fid.	tions within	n the time period described in	10a		x	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х	
С	NATIONAL NO. V. VAN. SELVE SEL	CASTILITY .		10c	Х		10000
d		fidelity bor	nd, that was caused by fraud				10000
	or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e	х		367
f	Has the plan failed to provide any benefit when due under the pla	n?		10f	9000	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	х		5139
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		x	0139
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	101			
Part				_,,,			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete	Sched	iule SE	3 (Form
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	100 110
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)			(0.00	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	Mon	th_	, and e	enter th Day	
lf	If a waiver of the minimum funding standard for a prior year is beingranting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul	ng amortize e MB (Fori	m 5500), and skip to line 13.	ith			e date of the letter ruling Year
lf	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize e MB (Fori	m 5500), and skip to line 13.	ith			

Form	5500-8	SF 2013
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Page	3	•	1

			т—			
		_12c				
Subtrae negativ	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a re amount)	12d		555		
			Ye	s 🗍	No	N/A
VII I	Plan Terminations and Transfers of Assets					J:
Has a r	esolution to terminate the plan been adopted in any plan year?		Yes)	(No		
If "Yes	enter the amount of any plan assets that reverted to the employer this year	13a				
Were a	ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the opening the control of th	control			☐ Yes	No.
lf durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s)	to				
13c(1) N	ame of plan(s):	3c(2) E	IN(s)		13c(3)	PN(s)
			1800			
VIII 1	rust Information (optional)			***************************************		
		14b Trust's EIN				
- in i						
	Subtrainegative Will the VII I Has a r If "Yes, Were a of the I If durin which a I3c(1) N	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	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)	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)	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)	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)