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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report le	dentification Information								
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013				
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan			
B This ret	urn/report is:	the first return/report	he final return/report							
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)					
C Check b	oox if filing under:		automatic extension			DFVC progra	am			
Dowt II	Basis Blan Infor	special extension (enter description	,							
Part II		mation—enter all requested informat	ion	_	41-		1			
1a Name PUGET SOU		AGUES, INC. 401(K) PLAN			10	Three-digit plan number				
						(PN) ▶	001			
					1c	Effective date o				
	ponsor's name and add JND BASKETBALL LEA	2b	Employer Identification Number (EIN) 20-0385074							
1550 W. ARI	MORY WAY				2c	Sponsor's telep				
	VA 98119-2744				2d	d Business code (see instruction: 711210				
3a Plan ad	dministrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's				
					3с	Administrator's	telephone number			
		plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
name, a Sponso		ber from the last return/report.			4c	PN				
5a Total r	number of participants a	at the beginning of the plan year			5a		3			
b Total r	number of participants a	at the end of the plan year			5b		1			
		ccount balances as of the end of the pla	• •	•	5c		1			
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No			
		the annual examination and report of ar (See instructions on waiver eligibility ar					X Yes No			
•		her line 6a or line 6b, the plan canno			_	. – –	_			
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	📙	Yes No	Not determined			
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.				
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.								
SIGN	Filed with authorized/v	alid electronic signature.	10/07/2014	TIMOTHY A. KERNS						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator			
SIGN										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor			
Preparer's		me, if applicable) and address; include					number (optional)			

Form 5500-SF 2013 Page **2**

Dai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) En	d of V		
a	Total plan assets	7a	(a) Beginning of Yea				(b) En	u or r	ear 89305	5
	Total plan liabilities	7b		0	+				826	
	Net plan assets (subtract line 7b from line 7a)	7c	5070	3					88479)
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(h)	Total		
	Contributions received or receivable from:		(a) Amount				(15)	Total		
	(1) Employers	8a(1)	1500	0						
	(2) Participants	8a(2)	1650	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1041	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							41917	'
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	331	5						
ее	Certain deemed and/or corrective distributions (see instructions)	r corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	nistrative service providers (salaries, fees, commissions) 8f								
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4141	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							37776	3
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 2A 2F 2G 2J 2K 2T 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
a				10a		X		Zili	<u>June</u>	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
						X				
				10c						
d	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					46
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		X				
h		(See instru	uctions and 29 CFR	10h		X				
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	ne required	d notice or one of the	10i						
Part		1 0		.0.						
11	Is this a defined benefit plan subject to minimum funding requirem								1	п.,
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a			Yes	No
12					•		EDIGVO	Тг	Yes	X No
14	Is this a defined contribution plan subject to the minimum funding			or se	CHOII .	JU∠ OT	ERIOA?	· [_	163	A INU
а	(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 being granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	_	ne date o			ling
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		Yea	AI	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3	- [1
гаус	J	- 1	

			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				
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?	X	es No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	rol 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 which assets or liabilities were transferred. (See instructions.)	to				
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)			•		
14a	Name of trust	14b ⊺	rust'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).

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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

Part I	Annual Report	Identification Information										
For calenda	ır plan year 2013 or f	iscal plan year beginning	01/01/	/201	.3	and ending		12/31/2013	3			
A This retu	urn/report is for:	x a single-employer plan	a mul	Itiple-e	employer pla	an (not multiemployer)		a one-particip	oant plan			
B This retu	urn/report is:	the first return/report	the fir	nal ret	turn/report							
		an amended return/report	a shor	rt plan	year return	/report (less than 12 me	onths))				
C Check b	oox if filing under:	X Form 5558	auton	natic e	extension			DFVC progra	am			
		special extension (enter descri	iption)									
Part II	Basic Plan Info	ormation—enter all requested info	ormation									
1a Name	•						1b	Three-digit				
PUGET S	SOUND BASKETE	BALL LEAGUES, INC. 401	L(K) PI	LAN				plan number (PN)	001			
							1c	Effective date o	f plan			
								01/01/2011				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PUGET SOUND BASKETBALL LEAGUES, INC						2b		mployer Identification Number EIN) 20-0385074				
1550 W. ARMORY WAY						2c		ponsor's telephone number				
SEATTLE	3	WA 98119-274	4				2d	Business code	(see instructions)			
		and address Same as Plan Spons	sor Name	XSa	me as Plan	Sponsor Address	3b	Administrator's	EIN			
							3с	Administrator's	telephone number			
4 If the r	name and/or EIN of th	ne plan sponsor has changed since t	the last re	turn/re	port filed fo	r this plan, enter the	4b	EIN				
		umber from the last return/report.					4.0					
a Spons								PN				
		s at the beginning of the plan year					-		3			
		s at the end of the plan year account balances as of the end of t					5b		1			
	A. 27 15	account balances as of the end of t					5c		1			
		ts during the plan year invested in el							X Yes No			
		of the annual examination and report 6? (See instructions on waiver eligibi							X Yes ☐ No			
		either line 6a or line 6b, the plan c										
-		efit plan, is it covered under the PBG							Not determined			
Caution: A	nonalty for the late	or incomplete filing of this return	n/renort w	vill he	aeeaeead	unless reasonable car	usa is	s established				
Under pena	alties of periury and o	other penalties set forth in the instruc	ctions. I de	eclare	that I have	examined this return/re	port, i	including, if applic	cable, a Schedule			
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary, a	as well as	the el	ectronic ver	sion of this return/repor	t, and	I to the best of my	knowledge and			
SIGN				10.	14	TIMOTHY A. KE	RNS					
HERE	Signature of plan	administrator		Date	M1	Enter name of individ	lual si	igning as plan ad	ministrator			
SIGN						TIMOTHY A. KE	RNS					
HERE		oyer/plan sponsor		Date		Enter name of individ						
Preparer's	name (including firm	name, if applicable) and address; in	nclude roo	m or s	suite numbe	r (optional)	Pre	parer's telephone	e number (optional)			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	17.00	(a) Beginning of Yea	r			(b) End	of Ye	 аг	
а	Total plan assets	7a		5070	3					89305
b	Total plan liabilities	7b			0					826
С	Net plan assets (subtract line 7b from line 7a)	7c	Ę	5070	3					88479
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) T	otal		
а	Contributions received or receivable from:				0	*			le f	
	(1) Employers	8a(1)		1500	100	- 10				
	(2) Participants	8a(2)		1650	0	_	-			_
	(3) Others (including rollovers)	8a(3)		1041	0	4			-	
	Other income (loss)	8b		1041	1					44.04.5
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			_	[-]	41917
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		331	.5					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		82	6		111			
g	Other expenses	8g			0	. 11				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									4141
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i								37776
j	Transfers to (from) the plan (see instructions)	8j					1.74			
Pa	rt IV Plan Characteristics				_					
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 2T 2E 3D If the plan provides welfare benefits, enter the applicable welfare f									
10	During the plan year:				Yes	No		Amo		
	Was there a failure to transmit to the plan any participant contribution CPR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		Х		74110	-	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
- 0	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		, that was caused by fraud	\vdash	-					
			***************************************	10d		х				
	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons to of the benefi	by an insurance carrier, ts under the plan? (See	10d 10e	х	х				46
f	insurance service, or other organization that provides some or all instructions.)	her persons to of the benefi	by an insurance carrier, ts under the plan? (See		х	x				46
	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan.	her persons to of the benefi	by an insurance carrier, ts under the plan? (See	10ө	х					46
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	her persons to of the benefit the benefit that the benefi	by an insurance carrier, ts under the plan? (See	10e 10f	х	Х				46
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	her persons to of the benefician? as of year end (See instruct the required require	by an insurance carrier, its under the plan? (See	10e 10f 10g	х	х				46
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate in the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	her persons to of the benefician? as of year end (See instruct the required require	by an insurance carrier, its under the plan? (See	10e 10f 10g 10h	х	х				46
f	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate in the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	her persons to of the benefit an?	by an insurance carrier, its under the plan? (See d.)	10e 10f 10g 10h 10i	Scheo	X X X			Yes	46
f g r i Par	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	her persons to of the benefit an? as of year end (See instruct the required roll-3	by an insurance carrier, its under the plan? (See	10e 10f 10g 10h 10i	Scheo	X X X				No
f g r i Par	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	her persons to of the benefician? as of year end (See instruct the required roll-3	by an insurance carrier, its under the plan? (See 1.) ions and 29 CFR notice or one of the es," see instructions and come	10e 10f 10g 10h 10i	Scheo	X X X Stulle SE	*************			
f g h	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat plan failed to provide any benefit when due under the plat plan the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 period. (If "Pension Funding Compliance) Is this a defined benefit plan subject to minimum funding required some state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current year the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of the unpaid minimum required contribution for current years the state of th	her persons to of the benefit of the	by an insurance carrier, its under the plan? (See cl.)	10e 10f 10g 10h 10i	Scheo	X X X dule St	ERISA?		Yes	□ No X No
f g g h i i l l l l l l l l l l l l l l l l l	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat plat the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (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 beigranting the waiver.	her persons to of the benefit of the	by an insurance carrier, its under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code ile.) I in this plan year, see instru	10e 10f 10g 10h 10i	Scheo	X X X dule St	ERISA?	tthe lea	Yes	□ No X No
f gg h i i Par 11 112 12	insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat plat the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (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 being the standard for a prior year is being the standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the plan subject to the minimum funding the plan subject to the plan subject to the minimum funding the plan subject to the plan subject to the minimum funding the plan subject to the minimum funding the plan subject to the minimum funding the plan subject to the plan subj	her persons to of the benefit of the	by an insurance carrier, its under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code ile.) I in this plan year, see instru	10e 10f 10g 10h 10i	Scheo	X X X dule Statement to the statement of the statement to	ERISA?		Yes	□ No X No