Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

TRITON MANAGEMENT SERVICES, LLC

1000 AVIARA PARKWAY, THIRD FLOOR
CARLSBAD, CA 92011

2b Employer Identification Number (EIN)
90-0881315

2c Sponsor's telephone number
800-808-2245

2d Business code (see instructions)
812990

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	DAVID SCHAEFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
TWO JINN, INCORPORATED

4b EIN
20-0793840

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	589
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	603
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	61
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	664
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	664
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	356
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRITON MANAGEMENT SERVICES, LLC

D Employer Identification Number (EIN)
90-0881315

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

STANDARD INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0242990	69019	807695	664	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	647348
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	531932
c	Additions: (1) Contributions deposited during the year	7c(1)	102191		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	14723		
	(4) Transferred from separate account	7c(4)	189911		
	(5) Other (specify below)	7c(5)	24671		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	331496
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	863428
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	113157		
	(2) Administration charge made by carrier	7e(2)	5641		
	(3) Transferred to separate account	7e(3)	59437		
	(4) Other (specify below)	7e(4)	37845		
	▶ LOAN ISSUES				
	(5) Total deductions			7e(5)	216080
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	647348

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRITON MANAGEMENT SERVICES, LLC	**D** Employer Identification Number (EIN) 90-0881315

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STANCORP FINANCIAL GROUP

93-1253576

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 19 50 60 63	NONE	54400	Yes [X] No [ ]	Yes [ ] No [X]	12440	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

FINANCIAL TELESIS

68-0279977

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	20367	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PRINCOR FINANCIAL SERVICES CORP

42-0941553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	6789	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	4494

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY	THOMAS C. SMYTHE 169 LACKAWANNA AVE PARSIPPANY, NJ 07054	SUBTA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	2754

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL FUNDS	JOSEPH GILL 100 MULBERRY STREET, GATEWAY CENTER NEWARK, NJ 07201	SUBTA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	1880

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VAN KAMPEN INVESTMENTS	CHRISTOPHER FITZGERALD 1 PARKVIEW PLAZA OAKBROOK TERRACE, IL 60181	SUBTA

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	1698

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE FUNDS MIKE PACITTO 2260 BRIARGATE PARKWAY COLORADO SPRINGS, CO 80920	SUBTA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	1615

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RIDGEWORTH FAMILY CHRIS DANOS 333 PIEDMONT ROAD NE SUITE 1500 ATLANTA, GA 30305	SUBTA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRITON MANAGEMENT SERVICES, LLC

D Employer Identification Number (EIN)
90-0881315

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		16074
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37493	33530
(2) Participant contributions	1b(2)	60090	60696
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1136593	1297087
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9493370	12494038
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	531932	647348
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11259478	14548773
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	86673	98446
k Total liabilities (add all amounts in lines 1g through1j)	1k	86673	98446
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11172805	14450327

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	789112	
(B) Participants	2a(1)(B)	1350381	
(C) Others (including rollovers)	2a(1)(C)	4544	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2144037
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	34954	
(F) Other	2b(1)(F)	14723	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		49677
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2251891
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4445605
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	988081	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		988081
f Corrective distributions (see instructions)	2f		98446
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	81556	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		81556
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1168083
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3277522
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LAVINE, LOFGREN, MORRIS & ENGELBERG **(2)** EIN: 33-0690020

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRITON MANAGEMENT SERVICES, LLC

D Employer Identification Number (EIN)
90-0881315

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN
(FORMERLY TWO JINN, INCORPORATED 401(K) PLAN)

INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

December 31, 2013

TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN
(FORMERLY TWO JINN, INCORPORATED 401(K) PLAN)

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December 31, 2013

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LAVINE, LOFGREN, MORRIS & ENGELBERG, LLP
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BKR International

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Triton Management Services, LLC 401(k) Plan
Carlsbad, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Triton Management Services, LLC 401(k) Plan (formerly, Two Jinn, Incorporated 401(k) Plan) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as of December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lavine, Lofgren, Morris & Engelberg, LLP

La Jolla, California
October 1, 2014

TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN
(FORMERLY TWO JINN, INCORPORATED 401(K) PLAN)

Statements of Net Assets Available for Benefits
As of December 31, 2013 and 2012

	2013	2012
ASSETS		
Noninterest bearing cash	$ 16,074	$ -
Investments, at fair value:		
Mutual funds	12,494,038	9,493,370
Stable asset fund	647,348	589,700
Total investments	13,141,386	10,083,070
Receivables:		
Participant contributions receivable	60,696	60,090
Employer contributions receivable	33,530	37,493
Notes receivable from participants	1,297,087	1,136,593
Total receivables	1,391,313	1,234,176
Total assets	14,548,773	11,317,246
LIABILITIES - Corrective distributions payable	98,446	86,673
Net assets reflecting investments at fair value	14,450,327	11,230,573
Adjusment from fair value to contract value for fully benefit-responsive investment contracts	-	(57,768)
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,450,327	$ 11,172,805

See accompanying notes to financial statements.

TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN
(FORMERLY TWO JINN, INCORPORATED 401(K) PLAN)

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Additions to net assets attributed to:	
Investment income:	
Net realized and unrealized appreciation in fair value of mutual funds	$ 2,251,891
Interest income from stable asset fund	14,723
Net investment income	2,266,614
Contributions:	
Participant - current	1,251,935
Participant - rollover	4,544
Employer - matching	789,112
Total contributions	2,045,591
Interest income on notes receivable from participants	34,954
Total additions	4,347,159
Deductions from net assets attributed to:	
Benefits paid to participants	988,081
Administrative expenses	81,556
Total deductions	1,069,637
Net increase	3,277,522
Net assets available for benefits:	
Beginning of year	11,172,805
End of year	$ 14,450,327

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The Triton Management Services, LLC 401(k) Plan (formerly, Two Jinn, Incorporated 401(k) Plan) (the "Plan") became effective on January 1, 1994 and is a defined contribution plan, sponsored by Triton Management Services, LLC ("TMS" or the "Company"). The Plan, which was amended and restated as of February 1, 2010, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Prior to January 1, 2013, the Plan was known as the Two Jinn, Incorporated 401(k) Plan, and Two Jinn, Inc. was the plan sponsor. In October 2012, the organizational structure of the Company changed as a result of a transaction pursuant to which an outside investor acquired a majority interest in TMS, then a newly-formed entity to which Two Jinn, Inc. contributed a substantial portion of its net assets. Following the transaction, all employees initially remained employees of Two Jinn, Inc.; however, in 2013, certain employees transitioned to TMS and its subsidiaries. In connection with the transition, effective January 1, 2013, the Plan was amended such that TMS was appointed Plan sponsor, the Plan was renamed the Triton Management Services, LLC 401(k) Plan, and Two Jinn, Inc. became a participating employer, rather than the Plan sponsor.

Effective January 1, 2013, the Plan covers all eligible employees of Triton Management Services, LLC, Two Jinn, Inc., California Surety Investigations, LLC, Northwest Surety Investigations, LLC, Washington Fugitive Investigations, LLC. As of October 1, 2013, Aladdin Bail NV, Inc. joined as a participating employer.

Eligibility

Employees are eligible to participate in the Plan as soon as administratively possible after their date of hire. Employees are not eligible to participate in the Plan if they are subject to collective bargaining or are nonresident aliens who have no earned income from sources within the United States.

Participant Contributions

Participants may elect to contribute up to 100% of their eligible earnings on a pre-tax basis as allowed by the Internal Revenue Code ("IRC"). In addition, employees who are age 50 or older can elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the IRC. Participants may also contribute amounts representing rollover distributions from other qualified sources.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Employer Contributions

Employer contributions include the following components:

a. Discretionary matching contributions
b. Discretionary profit sharing contributions

To qualify for discretionary matching contributions, which are calculated each payroll period, an employee must be 21 years of age and have completed one year of service. For purposes of determining eligibility for the discretionary matching contribution, a year of service is defined as having completed 1,000 hours of service during a one-year period.

To qualify for a discretionary profit sharing contribution at year end, an employee must be 21 years of age, have completed a year of service during the Plan year, and be employed on the last day of the Plan year. For purposes of determining eligibility for the discretionary profit sharing contribution, a year of service is defined as having completed 1,000 hours of service during the applicable Plan year.

During 2013, the discretionary matching contribution (calculated and remitted each payroll period) was equal to 100% of a participant's elective deferral, up to 4% of a participant's compensation during each applicable payroll period. Discretionary matching contributions for 2013 totaled $789,112, which amount is net of forfeitures applied in the amount of $22,940. No discretionary profit sharing contributions were made for 2013.

Participant Accounts

Participant accounts are credited with the participant's contribution, the employer's contribution (if any), and allocations of Plan earnings or losses. Allocations are based on the participant's earnings or account balances, as defined. Individual participant accounts are charged for any loan and distribution fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer contribution portion of their accounts is based on years of credited service. A participant vests 20% for each year of credited service, beginning at the end of the second year, and is 100% vested after six years of credited service. Participants are credited with a year of service upon reaching 1,000 hours of service in a Plan year.

Forfeitures

Forfeitures may be used to reduce employer contributions or pay administrative expenses. During 2013, $19,715 was added to the forfeitures account, with related investment earnings of $112. During 2013, forfeitures of $973 were used to pay Plan expenses, and $22,940 was used to reduce employer contributions. As of December 31, 2013, no forfeitures remained available for future use. As of December 31, 2012, the balance of forfeited, nonvested funds available was $4,086 respectively.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants (Participant Loans)

Participants may borrow against their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interests in their account balances. Participants may have up to two such loans outstanding at a time. Loans are required to be repaid within five years and are secured by up to half of the participant's vested account balance. The loans bear interest at fixed rates determined by the Plan administrator at the time of loan application and at rates similar to those charged by commercial lending institutions. As of December 31, 2013, the interest rates on outstanding notes receivable from participants ranged from 3.25% to 4.25%. Principal and interest are paid regularly through payroll deductions.

Payment of Benefits

Upon termination of service, retirement, death, disability, or attaining age 59½, a participant whose account balance is $5,000 or more generally may elect to receive a lump sum amount equal to the value of his or her vested account balance, or to leave such funds on deposit in the Plan until the later of the April following the calendar year in which the participant reaches age 70½ or retires. Participants with vested account balances between $1,000 and $5,000 may have their accounts rolled over into individual retirement accounts at the discretion of the Plan administrator. The Plan administrator, also at its discretion, may elect to distribute vested balances of less than $1,000.

Investment Options

In accordance with Plan provisions, participants may direct employee and employer contributions to any of the Plan's options.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a stable asset fund, which is a type of fully benefit-responsive unallocated insurance company general account. Accordingly, the statements of net assets available for benefits present the fair value of the investment in the stable asset fund, as well as the adjustment from fair value to contract value. The statement of changes in net assets available for benefits is presented on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments and Recognition of Income and Loss

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends, which are included in net realized and unrealized appreciation in fair value of mutual funds, are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of mutual funds includes the Plan's gains and losses on investments sold during the year as well as held at year end.

Notes Receivable from Participants (Participant Loans)

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction in participant contributions. The Plan distributed the 2013 and 2012 excess contributions to the applicable participants in March 2014 and 2013, respectively.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses, such as custodian/trustee, accounting and legal expenses are paid by the Company (Note 7), except for certain distribution and loan fee expenses, which are paid by the transacting participants.

Income Tax Status

The Company adopted a volume submitter plan which received a favorable opinion letter in which the IRS stated that the Plan, as then designed, was, in its opinion, in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status (Continued)

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Subsequent Events

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN

All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2013 and 2012, net appreciation in fair value of mutual funds, and interest income from the stable asset fund for the year ended December 31, 2013, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Reliance Trust Company, the custodian of the Plan.

NOTE 4. INVESTMENTS

All investments are participant-directed and are held by the custodian of the Plan. The following investments represent 5% or more of the Plan's net assets as of December 31:

	2013	2012
Mutual Funds:		
PIMCO Total Return Institutional	$ 2,186,672	$ 1,919,808
Mainstay Map I	2,200,001	1,648,130
Mainstay Large Cap Growth I	1,461,343	1,090,074
American Funds Europacific Growth R6	1,280,636	1,024,144
Invesco Growth and Income Y	1,215,708	*
AIM Van Kampen Growth and Income Y	*	837,352
Prudential Jennison Small Company Z	806,335	612,907

*Investment is less than 5% of the Plan's net assets and is included in all other investments or is not an investment option as of the date indicated.

NOTE 5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy under FASB ASC 820, as well as a description of the valuation methodologies for Plan investments as of December 31, 2013 and 2012:

Level 1 – inputs are unadjusted, quoted market prices in active markets for identical assets or liabilities at the measurement date.

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 – inputs are either directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – inputs are both unobservable and significant to the overall fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

Stable Asset Fund – Unallocated Contract: Valued by the issuing insurance company based on written procedures consistent with methodologies used to value the underlying investments (high quality fixed income securities portfolios as well as commercial mortgage loan portfolios), included in the Standard Insurance Company's ("Standard") general account. Inputs include those observable in the market as well as unobservable inputs generated from model-based techniques. The unobservable assumptions reflect Standard's estimates of assumptions that market participants would use in pricing the asset. Because participants transact at contract value, fair value is determined for financial statement purposes only.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. In addition, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 5. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013 and 2012:

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Foreign large blend	$ 1,296,214	$ -	$ -	$ 1,296,214
Intermediate-term bond	2,189,788	-	-	2,189,788
Large blend	2,586,416	-	-	2,586,416
Large growth	1,461,343	-	-	1,461,343
Large value	1,215,708	-	-	1,215,708
Mid-cap blend	181,948	-	-	181,948
Mid-cap growth	524,185	-	-	524,185
Mid-cap value	514,302	-	-	514,302
Retirement income	482,193	-	-	482,193
Small blend	350,805	-	-	350,805
Small growth	806,335	-	-	806,335
Stable Asset	-	-	647,348	647,348
Target date funds	884,801	-	-	884,801
Total investments at fair value	$ 12,494,038	$ -	$ 647,348	$ 13,141,386

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Foreign large blend	$ 1,035,356	$ -	$ -	$ 1,035,356
Intermediate-term bond	1,921,466	-	-	1,921,466
Large blend	1,856,922	-	-	1,856,922
Large growth	1,090,074	-	-	1,090,074
Large value	837,352	-	-	837,352
Mid-cap blend	121,333	-	-	121,333
Mid-cap growth	406,432	-	-	406,432
Mid-cap value	366,059	-	-	366,059
Retirement income	425,821	-	-	425,821
Small blend	195,317	-	-	195,317
Small growth	612,907	-	-	612,907
Stable asset	-	-	589,700	589,700
Target date funds	624,331	-	-	624,331
Total investments at fair value	$ 9,493,370	$ -	$ 589,700	$ 10,083,070

NOTE 5. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of the changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2013:

	Stable Asset Fund
Balance at December 31, 2012	$ 589,700
Interest income	14,723
Unrealized losses	(57,768)
Purchases	316,773
Sales	(216,080)
Transfers in and/or out of Level 3	-
Balance at December 31, 2013	$ 647,348
The amount of total losses for the period included in changes in net assets attributable to the change in unrealized gains relating to assets still held at the reporting date	$ -

Unrealized losses from the stable asset fund are not included in the statement of changes in net assets available for benefits as the statements of net assets available for benefits reflects the stable asset fund on a contract value basis.

NOTE 6. GROUP ANNUITY CONTRACT WITH STANDARD INSURANCE COMPANY

In 2012, the Plan entered into a fully benefit-responsive group annuity contract (Stable Asset – Unallocated Contract) with Standard. Standard maintains the contributions in an unallocated general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals, contract fees and other administrative expenses. The contract issuer is contractually obligated to repay the principal and any credited interest.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment. As of December 31, 2012, the stable asset – unallocated contract is presented on the statement of net assets available for benefits at fair value with an adjustment to contract value. As of December 31, 2013, Standard has determined that contract value approximates fair value, and as such, no adjustment is necessary.

The Stable Asset – Unallocated Contract is not considered a guaranteed interest contract, however there is a stated minimum interest rate floor of 1.00%. Crediting rates for the contract are determined quarterly by Standard based on the interest rate forecast for the investments underlying the account. During 2013, the average yield and crediting rate was 2.53%.

NOTE 6. GROUP ANNUITY CONTRACT WITH STANDARD INSURANCE COMPANY (Continued)

Certain events may limit the availability of the Plan to transact at contract value with Standard. Such events include termination of the contract, spinoffs, divestures, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Additionally, the Plan sponsor may terminate the contract at any time with 30 days advance written notice. Standard may terminate the contract with 30 days advance notice for reasonable cause including failure of the Company to abide by state and federal law, failure to maintain sufficient assets in the fund of at least $25,000 and Plan termination. Standard has determined that it is probable that no events will occur that could limit the ability of the Plan to transact at contract value paid or that allow the issuer to terminate the contract at an amount different than contract value.

NOTE 7. RELATED PARTY TRANSACTIONS

The Company provides administrative services for the Plan at no cost to the Plan and substantially all of the Plan's operating expenses are paid by the Company. These transactions qualify as party-in-interest transactions.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balances.

NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10. EXCESS CONTRIBUTIONS DUE TO PARTICIPANTS

To satisfy certain nondiscrimination provisions of the Plan for the year ended December 31, 2013, $98,446 of excess participant contributions was returned to certain participants subsequent to the Plan year end. This amount has been netted against participant contributions in the statement of changes in net assets available for benefits for the year ended December 31, 2013, and is included as a liability on the statement of net assets available for benefits as of December 31, 2013. The IRS Form 5500, Schedule H, Part II presents the excess contributions of $98,446 as corrective distributions, a separate category of expenses (deductions from net assets), for the year ended December 31, 2013.

NOTE 11. CORRECTION OF OPERATIONAL FAILURES

During 2012, the Company identified operational failures occurring in 2011 and prior years relating to certain compensation being improperly excluded when calculating participant deferral and related employer matching contributions. The Company and the Plan administrator determined the participants affected in 2011 and prior years, and in November 2012, submitted an application for correction through the IRS Employee Plans Compliance Resolution System's Voluntary Correction Program ("VCP"). In May 2013, the Plan received a favorable enforcement resolution from the IRS based on the VCP submission. In June 2013, the Company remitted $13,338 in the form of a Qualified Non-elective Employer Contribution to the Plan which was composed of $4,946 related to 50% of the identified missed deferrals, $5,734 related to the matching contributions attributable to the missed deferrals and $2,658 as an adjustment for lost earnings. These amounts are included in contributions ($10,680) and net realized and unrealized appreciation in fair value of mutual funds ($2,658) in the accompanying statement of changes in net assets for the year ended December 31, 2013. The Plan administrator and the Company believe that these actions taken under the VCP to correct the operational failures will maintain the Plan's tax-qualified status. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

SUPPLEMENTAL SCHEDULE

TRITON MANAGEMENT SERVICES, LLC 401(K) PLAN
(FORMERLY TWO JINN, INCORPORATED 401(K) PLAN)

Form 5500 Attachment
Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2013

EIN: 90-0881315
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current Value
*	The Standard Stable Asset A	Stable Value	$ 647,348	$ 647,348
	MainStay MAP I	Mutual Fund	-	2,200,001
	PIMCO Total Return Institutional	Mutual Fund	-	2,186,672
	MainStay Large Cap Growth I	Mutual Fund	-	1,461,343
	American Funds EuroPacifc R6	Mutual Fund	-	1,280,636
	Invesco Growth and Income Y	Mutual Fund	-	1,215,708
	Prudential Jennison Small Company Z	Mutual Fund	-	806,335
	Prudential Jennison MidCap Growth Z	Mutual Fund	-	524,185
	T. Rowe Price Retirement 2040	Mutual Fund	-	522,135
	RidgeWorth Mid Cap Value Equity I	Mutual Fund	-	514,302
	T. Rowe Price Retirement Income	Mutual Fund	-	482,193
	Vanguard 500 Index Signal	Mutual Fund	-	386,415
	Goldman Sachs Small Cap Value Institutional	Mutual Fund	-	200,422
	Vanguard Mid Cap Index Investor	Mutual Fund	-	181,948
	Vanguard Small Cap Index Signal	Mutual Fund	-	150,383
	T. Rowe Price Retirement 2020	Mutual Fund	-	122,531
	T. Rowe Price Retirement 2030	Mutual Fund	-	121,859
	T. Rowe Price Retirement 2050	Mutual Fund	-	114,141
	American Beacon International Equity Index 1	Mutual Fund	-	15,578
	T. Rowe Price Retirement 2010	Mutual Fund	-	4,135
	Vanguard Total Bond Market Index Signal	Mutual Fund	-	3,116
*	Participant Loans	Interest rates ranging from 3.25% to 4.25%, maturities vary	-0-	1,297,087
	Total			$ 14,438,473

* Party-in-interest

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Triton Management Services, LLC 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

Triton Management Services, LLC

1000 Aviara Parkway, Third Floor

Carlsbad CA 92011

2b Employer Identification Number (EIN) 90-0881315

2c Sponsor's telephone number (800) 808-2245

2d Business code (see instructions) 812990

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	David C. Schaefer	10/10/14	David Schaefer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	20-0793840
a Sponsor's name Two Jinn, Incorporated	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	589
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	603
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	61
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	664
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	664
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	356
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	(1)	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**		
(1)	☒ **R** (Retirement Plan Information)	(1)	☒	**H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐	**I** (Financial Information – Small Plan)
		(3)	☒ 1	**A** (Insurance Information)
		(4)	☒	**C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐	**D** (DFE/Participating Plan Information)
		(6)	☐	**G** (Financial Transaction Schedules)

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Triton Management Services, LLC 401(k) Plan **EIN:** 90-0881315
Plan Sponsor's Name Triton Management Services, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	STANDARD INSURANCE CO	STABLE ASSET FUND	647,348	647,348
	INVESCO	GROWTH AND INCOME Y MUTUAL FUND		1,215,708
	AMERICAN FUNDS	BEACON INTERNATIONAL EQUITY INDEX FUND I MUTUAL FUND		15,578
	AMERICAN FUNDS	EUROPACIFIC GROWTH FUND R6 MUTUAL FUND		1,280,636
	GOLDMAN SACHS	SMALL CAP VALUE FUND I MUTUAL FUND		200,422
	MAINSTAY	MAP FUND I MUTUAL FUND		2,200,001
	MAINSTAY	LARGE CAP GROWTH FUND-I MUTUAL FUND		1,461,343

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Triton Management Services, LLC 401(k) Plan **EIN:** 90-0881315
Plan Sponsor's Name Triton Management Services, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE	RETIREMENT 2010 FUND MUTUAL FUND		4,135
	T ROWE PRICE	RETIREMENT 2020 FUND MUTUAL FUND		122,531
	T ROWE PRICE	RETIREMENT 2030 FUND MUTUAL FUND		121,859
	T ROWE PRICE	RETIREMENT 2040 FUND MUTUAL FUND		522,135
	T ROWE PRICE	RETIREMENT INCOME FUND MUTUAL FUND		482,193
	T ROWE PRICE	RETIREMENT 2050 FUND MUTUAL FUND		114,141
	PRUDENTIAL	JENNISON MID CAP GROWTH FUND Z MUTUAL FUND		524,185

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Triton Management Services, LLC 401(k) Plan **EIN:** 90-0881315
Plan Sponsor's Name Triton Management Services, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRUDENTIAL	JENNISON SMALL COMPANY FUND Z MUTUAL FUND		806,335
	RIDGEWORTH	MID CAP VALUE EQUITY FUND I MUTUAL FUND		514,302
	VANGUARD	SMALL CAP INDEX FUND MUTUAL FUND		150,383
	VANGUARD	500 INDEX FUND SIGNAL MUTUAL FUND		386,415
	VANGUARD	MID CAP INDEX FUND INVESTOR MUTUAL FUND		181,948
	PIMCO	TOTAL RETURN FUND INSTITUTIONAL MUTUAL FUND		2,186,672
	VANGUARD	TOTAL BOND MARKET INDEX FUND SIGNAL MUTUAL FUND		3,116

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Triton Management Services, LLC 401(k) Plan **EIN:** 90-0881315
Plan Sponsor's Name Triton Management Services, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	PARTICIPANT LOANS	RANGE OF INTEREST RATES 3.25%-4.25%		1,297,087