For	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retiremel Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Interna Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.							
	partment of Labor enefits Security Administration									
Pension Be	nefit Guaranty Corporation	Complete all entries in ac	cordance with the ins	structions to the Form 55	00-SF.	Public Inspection				
Part I		Identification Information			04/0044					
For calenda	ar plan year 2014 or fis	ccal plan year beginning 01/01/201		C	31/2014	L'an da's base source and a loss Part				
A This retB This return	urn/report is for: ırn/report is	a one-participant plan the first return/report	of participating emp a foreign plan the final return/repor	loyer information in accord	lance with t	king this box must attach a list he form instructions)				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check b	box if filing under:	X Form 5558	Form 5558 automatic extension DFVC							
		special extension (enter descrip	tion)							
Part II	Basic Plan Info	rmation—enter all requested infor	mation							
1a Name TOPICS EN	•	401(K) PROFIT SHARING PLAN			1b Thre plan (PN)	number				
					, ,	ctive date of plan 08/01/2001				
	oonsor's name and add ERTAINMENT, INC.	dress; include room or suite number	(employer, if for a sing	le-employer plan)	2b Emp (EIN)	loyer Identification Number 91-1482213				
3405 LIND A'	VENUE SOUTHWEST				2c Spor	2c Sponsor's telephone number 425-656-3621				
RENTON, W					2d Busi	Business code (see instructions) 424990				
3a Plan ad	dministrator's name an	d address 🗙 Same as Plan Sponso	r.		3b Adm	inistrator's EIN				
4 If the r	name and/or EIN of the	plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN	inistrator's telephone number				
	EIN, and the plan nun	nber from the last return/report.	·		4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	36				
b Total r	number of participants	at the end of the plan year			5b	34				
		account balances as of the end of th			5c	28				
d(1) Tota	al number of active par	ticipants at the beginning of the plar	ı year		5d(1)	25				
d(2) Tota	al number of active par	ticipants at the end of the plan year.			5d(2)	21				
		rminated employment during the pla			5e	1				
Caution: A Under pena SB or Sche	penalty for the late of the late of perjury and oth	or incomplete filing of this return/inter penalties set forth in the instruction of signed by an enrolled actuary, as	eport will be assesse	d unless reasonable cau re examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN	Filed with authorized/	alid electronic signature.								
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN HERE	.									
	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address (incl	Date ude room or suite num			as employer or plan sponsor s telephone number (optional)				
		a and OMP Control Numbers ass the i				Earm EE00 SE (2014)				

	Were all of the plan's assets during the plan year invested in eligib		, ,					X	Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X	Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann				_	-		-		
с	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA section 40)21)?		Yes	No	Not	t detern	nined
Pa	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Y		
a	Total plan assets	. 7a	8501	08					85302	29
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	8501	08	_		853029			29
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Fotal		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	83	339						
	(2) Participants	. 8a(2)	569	937						
-	(3) Others (including rollovers)	. 8a(3)								
	Other income (loss)	. 8b	633	383						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							12865	59
-	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	. 8d	1243	866						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	13	372						
g	Other expenses	. 8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							12573	
	Net income (loss) (subtract line 8h from line 8c)								292	21
	Transfers to (from) the plan (see instructions)	. 8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instru	ctions	\$I	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	tic Coc	des in t	he instruc	ions:		
Part	V Compliance Questions					-				
10	During the plan year:			D	Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cori	rection Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x				
С	Was the plan covered by a fidelity bond?			10c	x					95000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x				
i										
Part						•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	X No
112	Enter the unpaid minimum required contribution for current year fi					 11a				<u> </u>
12	· · · · · · · · · · · · · · · · · · ·						ERISA?	ТГ	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				SCHOLL	302 UI	ERIOA!		103	
	(ii 103, 0011)/iele iiile 12a 01 iiiles 120, 120, 120, aliu 12e below	, as applic	abic.)				1			

Page 3 - 1

lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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?		Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	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	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	Name of trust CS ENTERTAINMENT, INC. 401(K) P		rust's EIN 450466220		

	orm 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210 Benefit Plan							
	epartment of the Treasury Internal Revenue Service	This form is required to be f		and 4065 of the Employe	e	2	2014	
Employ	Department of Labor ee Benefits Security Administration	Retirement Income Security Active Inter	t of 1974 (ERISA), and s mal Revenue Code (the		58(a) of This Form is Open to Public Inspection			
	ion Benefit Guaranty Corporation	Complete all entries in according	ordance with the instru	ctions to the Form 550	0-SF.		Spectron	
Parl	endar plan year 2014 or fisc	dentification Information	01/01/2014	and ending	12	/31/2014		
Forcar		x a single-employer plan		lan (not multiemployer) (r must attach a list	
A Thi	s return/report is for:	a one-participant plan		yer information in accord				
B Thi	s return/report is:	the first return/report	the final return/report					
	į	an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)			
C Che	eck box if filing under:	x Form 5558	automatic extension			DFVC progra	m	
	[special extension (enter descript	tion)					
Part	II Basic Plan Infor	mation enter all requested in	formation					
1a N	ame of plan					hree-digit Ian number		
T	opics Entertainment	t, Inc. 401(k) Profit Sl	naring Plan			PN) ►	001	
						ffective date o 8/01/2001	f plan	
	an sponsor's name and add opics Entertainment	iress; include room or suite number t,Inc.	(employer, if for a single	-employer plan)		mployer Identi EIN) 91-14	fication Number 82213	
						ponsor's telep 425) 656-3		
34	105 Lind Avenue Southwes	t			2d Business code (see instructions) 424990			
	Renton WA 98057	address X Same as Plan Spon	cor Name			dministrator's	FIN	
Jar	an auministrator's name and	address [X] Same as Fian Spon	SUINAILE		SD Administrator's Ein			
					3 C A	dministrator's i	elephone number	
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed f	or this plan, enter the	4b E	IN		
	ponsor's name				4c P	'n		
		t the beginning of the plan year	***********		5a	12/1/2		
		t the end of the plan year			5 b		34	
C N	umber of participants with ac	ccount balances as of the end of the	e plan year (defined bene	efit plans do not	5c		28	
		cipants at the beginning of the plan			5d(1)	25	
d(2)	Total number of active partic	cipants at the end of the plan year	*******	************************************	5d(2)	21	
		rminated employment during the pla			5e		1	
Cauti	on: A penalty for the late o	or incomplete filing of this return/	report will be assessed	l unless reasonable ca	use is es	stablished.		
SB or		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.			t, and to	the best of my	knowledge and	
SIGN	25	in	9/30/15	DUAYNE	2	EIGLE	R	
HER		nistrator	Date	Enter name of individu		as plan admi	nistrator	
SIGN	25-4	si	9/30/15	DUAYNE	Z	EIGLE	R	
HER		plan sponsor	Date	Enter name of individua	al signing	g as employer	or plan sponsor	
Prepa	rer's name (including firm na	ame, if applicable) and address; inc	lude room or suite numb	er (optional)	Prepar	er's telephone	number (optional)	
					11T.			

Form	5500-SF	2014
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С

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If the plan is a

X Yes No

X Yes No

eu Nu	, to either m	ie oa or inte ob,	the plan cannot us	e Form 5500-SF at	iu must msteau use	F0111 5500.		
defined	d benefit plan,	is it covered und	er the PBGC insura	nce program (see E	RISA section 4021)?	🗌 Yes	🗌 No	Not determined

Ра	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Y			
а	Total plan assets	7a	850,10	08				853,029	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	850,10	850,108				853,029	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) T			(b) To	otal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	8,33						
	(2) Participants	8a(2)	56,93	37					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	63,38	33					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						128,659	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	124,36	56					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1,37	72					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						125,738	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2,921	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Pa	rt V Compliance Questions		s from the list of Plan Character					S:	
	rt V Compliance Questions		s from the list of Plan Character						
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		Yes	No		s: Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest?	ions within iary Corre ? (Do not ir	the time period described in ction Program)	10a		No x			
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within iary Corre ? (Do not ir	the time period described in ction Program) nclude transactions reported	10a 10b	Yes	No		Amount	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	ions within iary Corre ? (Do not ir	the time period described in ction Program)	10a		No x)00
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	ions within iary Corre ? (Do not ir idelity bon	a the time period described in ction Program) include transactions reported 	10a 10b	Yes	No x		Amount)00
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene	the time period described in ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c	Yes	No x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparison.	ions within iary Corre ? (Do not ir idelity bon er persons of the bene	the time period described in ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, sfits under the plan? (See	10a 10b 10c 10d	Yes	No x x x		Amount	 >00
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene	a the time period described in ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	No x x x x		Amount	
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	ions within iary Corre ? (Do not ir idelity bon er persons of the bene ? s of year en See instruc	tions and 29 CFR	10a 10b 10c 10d 10e	Yes	No x x x x x x		Amount	000
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was there a blackout period? (See the plan individual account plan, was the plan individual account plan inditindividual account plan individual account	ions within iary Correct (Do not ir idelity bon er persons of the bene s of year en s of year en see instruc- e required	the time period described in ction Program)	10a 10b 10c 10d 10e 10f	Yes	No x x x x x x x x x x		Amount	
10 a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 th	ions within iary Correct (Do not ir idelity bon er persons of the bene s of year en s of year en see instruc- e required	the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h	Yes	No x x x x x x x x x x		Amount	
10 a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101	ions within iary Correct ? (Do not ir idelity bon er persons of the bene s of year en See instruc- e required -3 ents? (If "\	the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10h 10i	X	No x x x x x x x x x x le SB	(Form	Amount	
10 a b c d d e f g h i i Pai	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ions within iary Corre ? (Do not ir idelity bon er persons of the bene ? sof year er See instruction e required -3	a the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10h 10i	X	No x x x x x x x x x x le SB	(Form	Amount 95,0	
10 a b c d d e f g h i i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all clinstructions.) Has the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ions within iary Corre ? (Do not ir idelity bon er persons of the bene s of year en See instruction e required -3 ents? (If ")	the time period described in ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, offits under the plan? (See 	10a 10b 10c 10d 10f 10g 10h 10i	Yes x	No x x x x x x x k k k k k k k k k k k k	(Form	Amount 95,0	No
10 a b c d f g h i 11 11;	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 It 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 It 11 benetite plan subject to minimum funding requirements 5500) and line 11a below)	ions within iary Corre ? (Do not ir idelity bon er persons of the bene ? s of year er See instruct e required -3 ents? (If ") om Schedu requiremen	a the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10i	Yes x	No x x x x x x x k k k k k k k k k k k k	(Form	Amount 95,0	No

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а granting the waiver Month Day Year

	Form 5500-SF 2014	Page 3-						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	13.					
b	Enter the minimum required contribution for this plan year	*****	*****	12b				
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 negative amount)	0		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	ne?	•••••	🗆	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?		*********************		es X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?					Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	: (2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)				I			
14a Name of trust				14b Trust's EIN				
Т	Topics Entertainment, Inc. 401(k) P					45-0466220		