## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Per	nsion Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	tions to the Form 550	n-SF	Ins	pection
Pa	rt I	Annual Report	Identification Information	sordance with the manac	tions to the Form 550	0-01.	J	
			iscal plan year beginning 01/01/2		and ending 1	2/17/20	013	
_		urn/report is for:	X a single-employer plan		lan (not multiemployer)		a one-particip	ant plan
<b>B</b> T	his ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	x a short plan year return	n/report (less than 12 m	onths)		
<b>C</b> c	Check b	oox if filing under:	Form 5558	automatic extension		[	DFVC progra	m
			special extension (enter descri	iption)				
Par	rt II	Basic Plan Info	ormation—enter all requested info	ormation				
		of plan				1b	Three-digit	
		01(K) PLAN					plan number	
							(PN) <b>▶</b>	001
						1c	Effective date of	•
0			<del></del>				01/01/	
		oonsor's name and ad ADVISORY GROUP, I	ddress; include room or suite numbe INC.	r (employer, if for a single-	employer plan)		Employer Identif (EIN) 20-094	
						2c	Sponsor's telepl	none number
3800A	BRID	GEPORT WAY, SUT	IE 542 3800A BF	RIDGEPORT WAY, SUTIE	542		253-564	-3433
		Y PLACE, WA 98466		SITY PLACE, WA 98466		2d	Business code (	see instructions)
							54151	9
3a 1	Plan ad	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
						•		
						3C	Administrator's t	elephone number
4	If the n	name and/or FIN of th	e plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b	FIN	
			imber from the last return/report.	no last retainineport mea re	n the plan, enter the	7.0	LIIN	
as	Sponso	or's name				4c	PN	
5a	Total r	number of participants	s at the beginning of the plan year			5a		8
b	Total n	number of participants	s at the end of the plan year			5b		C
			account balances as of the end of the	' ' '	•	5c		0
		•	ts during the plan year invested in el			30		X Yes □ No
_		·	of the annual examination and report	•	*	ΡΔ)		M 100   110
			?? (See instructions on waiver eligibil					X Yes No
			either line 6a or line 6b, the plan ca			Form :	5500.	
							Yes □No □	
C	If the p	olan is a defined bene	fit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)? .		169   140   1	Not determined
			•					Not determined
Caut	tion: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is e	established.	
Caut	tion: A	penalty for the late	or incomplete filing of this return, ther penalties set forth in the instruct	/report will be assessed tions, I declare that I have	unless reasonable cau examined this return/rep	use is e	established.	able, a Schedule
Caut Unde SB o	tion: A er pena or Sche	penalty for the late	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	unless reasonable cau examined this return/rep	use is e	established.	able, a Schedule
Unde SB o belier	tion: A er pena or Sche f, it is t	penalty for the late alties of perjury and o dule MB completed a drue, correct, and com	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	/report will be assessed tions, I declare that I have	unless reasonable cau examined this return/rep	use is e	established.	able, a Schedule
Caut Unde SB o belier	tion: A er pena or Sche of, it is t	penalty for the late alties of perjury and or idule MB completed a rue, correct, and com	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	/report will be assessed tions, I declare that I have	unless reasonable cau examined this return/rep	use is e	established.	able, a Schedule
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Under SB of belief SIGN HER	tion: A er pena or Sche of, it is t	penalty for the late alties of perjury and or idule MB completed a rue, correct, and com	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	/report will be assessed tions, I declare that I have a swell as the electronic vers	unless reasonable cau examined this return/rep sion of this return/report	use is e	established. Cluding, if applica to the best of my	able, a Schedule knowledge and
Under SB of belief	tion: A er pena or Sche of, it is t	penalty for the late alties of perjury and or idule MB completed a rue, correct, and com	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.  I/valid electronic signature.	/report will be assessed tions, I declare that I have a swell as the electronic vers	unless reasonable cau examined this return/rep sion of this return/report	use is e port, ind to, and to	established. Eluding, if applicate the best of my	able, a Schedule knowledge and ninistrator
Under SB of belief SIGN HER	tion: A er pena er Sche f, it is t	a penalty for the late alties of perjury and or idule MB completed a rue, correct, and com Filed with authorized Signature of plan a	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.  I/valid electronic signature.	Ireport will be assessed tions, I declare that I have as well as the electronic version between Date	examined this return/report sion of this return/report	use is e port, ind to, and to ual sign	established. Cluding, if applicate the best of my	able, a Schedule knowledge and ninistrator
Under SB of belief SIGN HER	tion: A er pena er Sche f, it is t	a penalty for the late alties of perjury and or idule MB completed a rue, correct, and com Filed with authorized Signature of plan a	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.  I/valid electronic signature.  administrator  Dyer/plan sponsor	Ireport will be assessed tions, I declare that I have as well as the electronic version between Date	examined this return/report sion of this return/report	use is e port, ind to, and to ual sign	established. Cluding, if applicate the best of my	able, a Schedule knowledge and ninistrator
Under SB of belief SIGN HER	tion: A er pena er Sche f, it is t	a penalty for the late alties of perjury and or idule MB completed a rue, correct, and com Filed with authorized Signature of plan a	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.  I/valid electronic signature.  administrator  Dyer/plan sponsor	Ireport will be assessed tions, I declare that I have as well as the electronic version between Date	examined this return/report sion of this return/report	use is e port, ind to, and to ual sign	established. Cluding, if applicate the best of my	able, a Schedule knowledge and ninistrator
Under SB of belief SIGN HER	tion: A er pena er Sche f, it is t  K E	a penalty for the late alties of perjury and or idule MB completed a rue, correct, and com Filed with authorized Signature of plan a	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.  I/valid electronic signature.  administrator  Dyer/plan sponsor	Ireport will be assessed tions, I declare that I have as well as the electronic version between Date	examined this return/report sion of this return/report	use is e port, ind to, and to ual sign	established. Cluding, if applicate the best of my	able, a Schedule knowledge and ninistrator

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ve	ar		
	Total plan assets	7a	(a) Degining of Tea				(b) Lila	<i>)</i> 1 10	(	)	
	Total plan liabilities	7b	111	8	+						
	Net plan assets (subtract line 7b from line 7a)	7c	21450	)2		0			)		
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total						
	Contributions received or receivable from:		(a) Amount				(D) 11	Jiai			
	(1) Employers	8a(1)	1467	8							
	(2) Participants	8a(2)	2800	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5380	14							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							96491		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	18	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							180	)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							96311		
j	Transfers to (from) the plan (see instructions)	8j	-31081	3							
Pa	rt IV Plan Characteristics				•						
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Dan	(V Commission of Constitute										
Par	•						I	_			
10	During the plan year:		0 0 11 2 11	ı	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ					
					X					0.5	
C				10c						25	000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e	X						979
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )	10q		Χ					
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	Ŭ		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	: VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	nplete	Sched	dule SE	3 (Form			_	
	5500) and line 11a below)				<u>.</u>				Yes	Ц	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and e	enter th Day		ne let Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b					

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С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?	X	es No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the ce PBGC?	ontrol		X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to assets or liabilities were transferred. (See instructions.)	0			
1	3c(1)	Name of plan(s):	c(2) Ell	N(s)	13c(3) F	PN(s)
TPC C	UALIF	FIED PLANS LLC, RETIREMENT SAVINGS PLAN  20-094	7246		020	
Part	VIII	Trust Information (optional)				
14a	Name	of trust	<b>14b</b> Tr	ust's EIN		

## Form 5500-SF

## Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0080

2013

Employee Be	gartment of Labor snelts Security Administration metit Cauranty Corporation		al Revenue Code (the C	tions 6057(b) and 605 ode).	This Fo	m is Open to Public Inspection
	-	Complete all entries in accord	dance with the instruc	tions to the Form 550	90-SF.	
Part I	annual Report for plan year 2013 or facel	entification Information	4	and ending	12/17/2013	
A This ret	um/report is for:	a single-eraployer plan the first return/report	a multiple-employer pl the final return/report a short plan year return automatic extension set)	en (not multiemployer)	в опе-ра	rticipant plan
Part II	Basic Plan Inform	ation—enter all requested inform	erion			
18 Name ( AO, INC. 40					1b Three-digit plan numbe (PN) >	001
					10 Effective de	se or pian 1/01 (2005
	consor's name and address OVISORY GROUP, INC.	se; include room or suite number (e	employer, if for a single-	employer plan)	2b Employer Id	entification Number 0-0947246
MODA BRIDGEPORT WAY, SUTIE 542 3000A BRIDGEPORT WAY, SUTIE 542			253	elephone number 1-564-3433		
	Y PLACE, WA 98466		Y PLACE, WA 98466		54	de (see instructions) (1519
3a Plen er	dministrator's name and a	ddress   Same as Plan Sponsor h	Name Same as Plan	Sporsor Address	3b Administrate	x's BN
	EIN, and the plan number	an aponsor has changed since the ir from the last return/report.	last return/report filed to	r this plan, enter the	4b EIN 4c PN	
		he beginning of the plan year			5a	
		he end of the plan year				
C Number		ount balances as of the end of the	plan your (defined bene	fit plans do not	5b 5c	
b Are you under: If you	u cloiming a waiver of the 29 CFR 2520, 104-467 (5 answered "No" to eithe	ring the plan year invested in eligible annual examination and report of ee instructions on welver eligibility if line 6a or line 6b, the plan cann an, is it covered under the PBGC in	on independent qualifie and conditions.) not use Form \$500-SF	d public accountant (K and must instead use	e Form 5500.	Yes No.
	ities of perjury and other	ncomplete filling of this return/rep pensities set forth in the instruction igned by an enrolled actuary, as w	s, I declare that I have a	eas mined this returning	port, including, if ap	plicable, a Schedule
SB or Sche	tue, correct, and complete					and an arrange and
SB or Sche belief, it is t	Here Dacos	1	3.09/2017	LORI JA	rusy	
SB or Sche belief, it is t	Signature of plan admi		3.09/2017 Date			
SB or Sche belief, it is t	Feri Jacos	Inistrator	100	Enter name of indivi-	dual ofgning as plan	

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	Year		
a	Total plan assets	7a	21562				(5) 2.1.4 0		0	
	Total plan liabilities	7b	111	8						
	Net plan assets (subtract line 7b from line 7a)	7c	21450	2			0			
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	.aı		
	(1) Employers	8a(1)	1467	8						
	(2) Participants	8a(2)	2800	9						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	5380	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9649	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	18	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						18	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						9631	1	
j	Transfers to (from) the plan (see instructions)	8j	-31081	3						
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ons:		
b	2A 2E 2F 2G 2J 2K 3D 2T  If the plan provides welfare benefits, enter the applicable welfare fe									
-	The plant promises menale somether, enter the approache menale is	Jana		0.00.						
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Д	mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
c				10-	Χ				25	000
				10c					25	000
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)		. ,	10e	X					979
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )	10g		Χ				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J		X				
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 5, 50	2	30 <u>2</u> 01	5/ (	<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and (	enter th		e letter ru 'ear	ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul			<u></u>		Day		- Cui		
	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X	es No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
TPC C	QUALIFIED PLANS LLC, RETIREMENT SAVINGS PLAN 20-09	47246		020	
Part	VIII Trust Information (optional)			1	
14a	Name of trust	<b>14b</b> ⊺ı	ust's EIN		