Form 5500-SF		m 5500-SF	Short Form Annual Return/Report of Small Employe			/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	2012			
Department of Labor Employee Benefits Security Administration			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					tions to the Form 5500)-SF.	Inspection			
Par	-		lentification Information							
For ca	alenda	r plan year 2012 or fisca			<u> </u>	2/31/2				
A Th	nis retu	urn/report is for:		multiple-employer pla	an (not multiemployer)		a one-participant plan			
B Th	nis retu	urn/report is:		e final return/report						
			an amended return/report	short plan year return	n/report (less than 12 mo	onths)				
C Cł	heck b	ox if filing under:	Form 5558 au	utomatic extension		DFVC program				
			special extension (enter description)							
Par			nation—enter all requested information	on						
	lame o	•				1b	Three-digit plan number			
COMPA	ASS C	APITAL 401(K) PLAN					(PN) ▶ 001			
						1c	Effective date of plan			
							01/01/2011			
		onsor's name and addre	ess; include room or suite number (emp IC.	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 27-2913678			
7525 S	SE 24T	H ST STE 650				2c	Sponsor's telephone number 206-236-2100			
MERCI	ER ISI	_AND, WA 98040-2334				2d	Business code (see instructions) 541519			
3a P	Plan ac	Iministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
			_	_		2.	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 						EIN				
	•		the beginning of the plan year			5a 1				
b T	Total n	umber of participants at	the end of the plan year			5b	10			
CN	Numbe	er of participants with ac	count balances as of the end of the plai	n year (defined bene	fit plans do not	0.0				
		· ·		•		5c	9			
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No			
			ne annual examination and report of an				X Yes 🗌 No			
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.										
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		Filed with authorized/va	lid electronic signature.	07/21/2013	CHRISTOPHER B. NIC	IICHOLSON				
HERE	RE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	N	Filed with authorized/va	d/valid electronic signature. 07/21/2013 CHRISTOPHER B. NI				ICHOLSON			
HERE		Signature of employe		Date		ual sig	gning as employer or plan sponsor			
Prepa	arer's r		ne, if applicable) and address; include r	oom or suite number			parer's telephone number (optional)			

L

b Total plan liabilities	Part III Financial Information						
b Total plan labilities To 0 C Net plan assets (subtract line 7b trom line 7a)	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(k	o) End of Year
c Net plan assets (subtract line 7b from line 7a) 7c 200907 27741 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (2) Participantis. 8a(2) 42035 (3) Others (including rollowers). 8a(3) 3820 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 26531 C c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 26531 C g Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6664 C d E-central deemed and/or corrective distributions (see instructions) 8c 66624 C g Other expenses. 8g 0 C C g Other expenses. 8g 0 C C g Intel plan provides preston benefits, enter the applicable vertice codes from the List of Plan Characteristic Codes in the instructions: 2f 2f X D g Intel plan provides preston benefits, enter the applicable vertice orother from the List of Plan Characteristic Codes in the instructio	a Total plan assets	7a					277419
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a Control Control Control (1) Employee 0 0 (2) Participants Ba(2) 42935 (3) Others (including rolevers) Ba(2) 42935 (3) Others (including rolevers) Ba(2) 42935 (3) Others (including rolevers) Ba(2) 42935 (4) Others (including rolevers) Ba(2) 42935 (5) Others (including rolevers) Ba(3) 3850 (6) Others (including rolevers) Ba(3) 3850 (7) Contain deemed andro corrective distributions (see instructions) Ba 6654 (7) Contain deemed andro corrective distributions (see instructions) Bi 60 (7) Transfers to (from) the plan (see instructions) Bi 60 (9) Other incomodes pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) ZE (ZF 2G 2J 2K 2T 30) ZE (ZF 2G 2J 2K 2T 30) Compriance Questrons: (1) During the plan yaar Instructions and Dianary participant contributions within the time period descrither in astructions: 100 <td>C Net plan assets (subtract line 7b from line 7a)</td> <td>7c</td> <td>20890</td> <td>7</td> <td></td> <td></td> <td>277419</td>	C Net plan assets (subtract line 7b from line 7a)	7c	20890	7			277419
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2853	1	_		
to provide benefits)	-	8c			_		75286
e Cartain deemed and/or corrective distributions (see instructions)		8d		0			
f Administrative service providers (salaries, fees, commissions) 8f 80 g Other expenses. 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 677 h Net income (loss) (subtract line 8h from line 8c) 8i 685 j Transfers to (from) the plan (see instructions) g 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 27 20 21 21 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10a X 10 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 on line 10a X 10a X c Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a X 10a X 10a X 10a X 10a X 10a X 10a							
g Other expenses Bq 0 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 67 i Net income (loss) (subtract line 8h from line 8c). 8i 635 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a × 10 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 190 a × 10a × 2 GF R 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
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j Transfers to (from) the plan (see instructions) Bj 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2F 2G 2J 2T No Part V Compliance Questions 100 X Amount 0 Using the plan year: Yes No Amount 0 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25103-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 Was there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported and transmit to the plan any party-in-Interest? (Do not include transactions reported and transactions with any party-in-Interest? (Do not include transactions reported and transactions with any party-in-Interest? (Do not include transactions reported and transactions reprovide any benefit when d							68512
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2f 2f 2G 2l 2l 2l 3d b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 Using 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		oj		0			
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10a X X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X X 10d X X 10d X							
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	• Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er persons by of the benefits	y an insurance carrier, under the plan? (See	10e	х		132
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X Part VI Pension Funding Compliance 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 rugranting the waiver	f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					39300	
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 regranting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Late	 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ne required no 1-3 ents? (If "Yes	otice or one of the	10i	<u></u>	lule SB (Fo	
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	ne required no 1-3 ents? (If "Yes requirements	otice or one of the ," see instructions and com s of section 412 of the Code	10i		lule SB (Fo	Yes 🗙 No
b Enter the minimum required contribution for this plan year	 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 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, a If a waiver of the minimum funding standard for a prior year is being the sta	ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized i	otice or one of the ," see instructions and com , of section 412 of the Code e.) n this plan year, see instruct	10i plete or se	ection (lule SB (Fo	SA? Yes No
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," 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?				Yes X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s): 1				13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN