Form	5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	nt of the Treasury Revenue Service	This form is required to be filed	0	2	2012		
	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).						s Open to Public
Pension Benefit	Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	spection
		entification Information	0	and anding 1	0/04/	204.2	
-		al plan year beginning 01/01/2012			2/31/		
A This return,	·	the first return/report	the final return/report	an (not multiemployer)		a one-partici	bant plan
B This return,	report is:		·	n/report (less than 12 mo	onthe		
C Check box	if filing updar:	Form 5558	automatic extension		Jinnis	, DFVC progra	m
		special extension (enter descriptio					
Part II B	asic Plan Inform	nation —enter all requested information	,				
1a Name of p					1b	Three-digit	
CC SEATTLE R	ETIREMENT PLAN					plan number (PN) ▶	001
					1c	Effective date o	1
					_	01/01	•
2a Plan spon CC SEATTLE, L CALIFORNIA C	LC	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-21	fication Number 35859
20450 - 84TH A					2c	Sponsor's telep 253-47	
KENT, WA 9803	32				2d	Business code (44229	see instructions)
3a Plan admi	nistrator's name and	address 🗙 Same as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's	EIN
							telephone number
name, Ell	N, and the plan numb	lan sponsor has changed since the later from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN	
a Sponsor's		the basis is a filler above an				PN	
		the beginning of the plan year the end of the plan year			5a		45
		count balances as of the end of the p			5b		45
	• •		•	•	5c		44
	•	uring the plan year invested in eligib	,	,			🗙 Yes 🗌 No
		e annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No
	,	er line 6a or line 6b, the plan cann	,				
Caution: A pe	nalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	se is	established.	
SB or Schedul		r penalties set forth in the instruction signed by an enrolled actuary, as we te.					
SIGN File	ed with authorized/va	lid electronic signature.	10/08/2013	DIANE B. STEWART			
Si Si	ignature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN HERE							
S	ignature of employe		Date	Enter name of individu			
Freparers nan		ne, if applicable) and address; includ		r (optional)	гіе		number (optional)
For Paperwork	Reduction Act Notice a	and OMB Control Numbers, see the inst	tructions for Form 5500-	SF.			Form 5500-SF (2012)

b Total plan liabilities To To c Nut plan assets (uturbact line 7b from line 7a) Tc 1336612 16128 d Incorne, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Combinitions receivable from: 8a(1) 77946 (1) Employees 8a(2) 1032223 (2) Participants. 8a(2) 103223 (3) Others income (fees) 8b 191086 C Total income (fees) 8b 191086 C Total income (fees) 8c 3722 d Benefits paid (including direct rollowers and insurance premiums to provide parolation (selandric corrective distributions (see instructions) 8e 1013 f Administrue service provides (salaries, fees, commissions) 8f 9 g Other expenses 8g 9 2732 j Transfers to (from) the plan (see instructions) 8g 9 2733 j Transfers to (from) the plan (see instructions) 8g 9 2773 j Transfers to (from) the plan (see instructions) gj 10	Part	III Financial Information	_						
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11a Enter the amount from Schedule SB line 39 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? Yet (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 of the letter 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 of the letter 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 of the letter 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 of the letter 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 of the letter 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 of the letter of the minimum funding standard for a prior year is being amortized in this plan year.		Is this a defined benefit plan subject to minimum funding requirem							
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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 is being a mortized in this plan year.	12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	e or se	ection	302 of I	ERISA? Yes 🗙 No	
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		· · · · · · · · · · · · · · · · · · ·							
	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instrue		, and e		u	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year	b								

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act 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		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?	, ,	Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)				

14a Name of trust	14b Trust's EIN

Department of	500-SF	Short Form Annual F	Return/Report (Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0 1210-0		
Internal Rever	nue Service	This form is required to be file	e	2	2012				
Department Employee Benefits Ser		Retirement Income Security Act o	B(a) of	This Form i	is Open to Pub				
Pension Benefit Gua	aranty Corporation	Complete all entries in accor	Inc	spection					
Part I Ann	ual Report I	dentification Information	dance with the month	ctions to the Form 550	U-3F.				
For calendar plan	year 2012 or fis	cal plan year beginning 01/01/20	12	and ending	12/31/	2012			
A This return/rep	oort is for:	X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
B This return/rep	ort is:	the first return/report							
an amended return/report a short plan year return/report (less than 12 r									
C Check box if filing under: X Form 5558					DFVC program				
	-	special extension (enter descripti	on)						
Part II Bas	ic Plan Infor	mation-enter all requested inform			•				
1a Name of plan				300 12	1b	Three-digit			
CC SEATTLE RET	IREMENT PLAN	u l			- 10	plan number			
						(PN) 🕨	001		
					1c	Effective date o			
2a Plan sponsor'	's name and add	Iress; include room or suite number (employer, if for a single	-employer plan)	25	01/01/2			
CC SEATTLE, LLC)		proyers in service and ging in	-ubiolor bidit)	20	Employer Identil (EIN) 91-213			
CALIFORNIA CLO	SETS				2c	Sponsor's telep	C-115-137755		
20450 - 84TH AVE	. S.					(253) 47	9-0366		
KENT, WA <u>98032</u>					2d	Business code (442299			
	Irator's name an	d address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's I	FIN		
					3c	Administrator's t			
4 If the name a	ind/or EIN of the	plan sponsor has changed since lhe	last return/report filed t	or this plan, enter the					
	and the plan num	plan sponsor has changed since the aber from the last return/report.	last return/report filed f	or this plan, enter the	4b	EIN			
name, EIN, a a Sponsor's nai	and the plan num me		105		4b 4c	EIN			
name, EIN, a a Sponsor's nar 5a Total number	and the plan num me r of participants a	ber from the last return/report.			4b 4c 5a	EIN			
name, EIN, a a Sponsor's name 5a Total number b Total number c Number of pa	and the plan num me r of participants a r of participants a articipants with a	at the beginning of the plan year at the beginning of the plan year at the end of the plan year	plan year (defined ben	efit plans do not	4b 4c 5a	EIN			
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Pai	t III Financial Information						·······
7	an Assets and Liabilities (a) Beginning of Ye			ar			(b) End of Year
а	tal plan assets						1612842
b	Total plan liabilities	7b					1012042
C	Net plan assets (subtract line 7b from line 7a)	7c	133951	2		Ser	1612842
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
<u> </u>	(1) Employers				_		
	(2) Participants					i	
100	(3) Others (including rollovers)						
	01her income (loss)						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		372255
	to provide benefits)	8d	9791	2			
	Certain deemed and/or corrective distributions (see instructions)	8e	101				
f	Administrative service providers (salaries, fees, commissions)	8f	101	-			
g	Other expenses	8g	and data and a second	1,455			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.5			09025
i	Net income (loss) (subtract line 8h from line 8c)	8i					<u>98925</u> 2 7 3330
j	Transfers to (from) the plan (see instructions)	8j					275550
Par	t IV Plan Characteristics						
_	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Char	acteris	tic Co	des in th	e instructions:
	2E 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	alure codes	from the List of Plan Chara	clerist	ic Coo	es in the	instructions:
D							
Part					12/01		
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	liono within t	had 1		Yes	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correc	lion Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported				
	on line 10a.)			10b	-	X	
C	Was the plan covered by a fidelity bond?			10c	х		200000
d		fidelity bond	, that was caused by fraud				20000
	or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	er persons b	y an insurance carrier, s under the plan? (See				
	instantions)						
	instructions.)			10e	x		583
f	4.2 (1) 1000 10 40 40 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10			10e 10f	x	x	583
f g	Has the plan failed to provide any benefit when due under the plan	1?		10f	x		583
	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? (n? s of year end See instructi	I.)		x	x x	583
g h	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.)	n? s of year end See instructi	I.)	10f	x		583
g	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	n? s of year end See instruct	I.)	10f 10g 10h	x	x	583
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g h l Part 11 11a 12	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 the 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 requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	n? s of year enc See instructi ne required n I-3 ents? (If "Ye requirement as applicabl og amortized	I.) ions and 29 CFR otice or one of the s," see instructions and corr s of section 412 of the Code le.) in this plan year, see instruc-	10f 10g 10h 10i plete	Sched	X X ule SB (11a 802 of EF	Form
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Form 5500-SF 2012

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C 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)	a 12d	
e 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?	Ye	s 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 uno of the PBGC?	der the control	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN	(s) 13c(3) PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trus	sťs EIN