Form 5500-SF		Short Form Annual Return/Report of Small Employ			/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).		tions 6057(b) and 6058	B(a) of This Form is Op		s Open to Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550)-SF.	Ins	pection		
Part I Annual Report Identification Information									
For calen	dar plan year 2012 or fisca				2/31/2				
	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
B This r	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo					
C Check	k box if filing under:	× Form 5558	Form 5558 automatic extension			DFVC program			
		special extension (enter description							
Part II		nation—enter all requested inform	ation						
1a Nam	•				1b	Three-digit plan number			
METROPC	DLITAN MARKET, LLC RE	TIREMENT SAVINGS PLAN				(PN)	002		
				-	1c	Effective date of	plan		
						10/01/	1996		
	sponsor's name and addre	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 90-08			
4025 DELI	RIDGE WAY SW, SUITE 2	210			2c	Sponsor's telep 206-923			
	WA 98106				2d	Business code (see instructions) 445110			
3a Plan	administrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's EIN			
		_	—	-	0.	Administrator's telephone number			
nam	e, EIN, and the plan numb	olan sponsor has changed since the l per from the last return/report.	last return/report filed fo	r this plan, enter the			79330		
	sor's nameFOOD MARKE				4c	PN	002		
5a Total number of participants at the beginning of the plan year					5a		97		
b Total number of participants at the end of the plan year					5b		102		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		89		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
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.									
Caution:	A penalty for the late or	incomplete filing of this return/rep	port will be assessed u	unless reasonable cau	se 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	with authorized/valid electronic signature. 10/15/2013		TODD KORMAN					
HERE	Signature of plan adm	ninistrator	ning as plan adn	ninistrator					
SIGN									
HERE	Signature of employe	er/nlan sponsor	ial sir	ning as employe	r or plan sponsor				
Preparer*	s name (including firm nar	ne, if applicable) and address; includ	Date le room or suite number	(optional)			number (optional)		
				ľ					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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 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 10e X) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan base have any participant lease? (If "Yee," and the amount on of year and have and have any participant lease? (If "Yee," and the plan and the	Part III Financial Information								
b Total plan labilities. 7b 4963306 Ge889300 c Verplan assets (subtract line 7b from line 7c)	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
c Net plan assets (subtract line 7b from Ime 7a)	a Total plan assets	7a	496538	6			5888980		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 88(1) 113153 (a) Dense (nonding ratiowable from: 88(2) 312532 (b) Dense (nonding ratiowable from: 88(2) 312532 (c) Other (nonding ratiowable from: 88(3) 1194497 (d) Benefit paid (Including direct lowers and insurance premiums to provide benefits) 8e 1194497 (e) Critic (Including ratiowable for lowers and insurance premiums and control and/or corrective distributions (see instructions). 8e 1194497 (f) Administrative service provides (salaries, fees, commissions). 8f 18855 188 (g) Other argeneses. 8g 0 0 0 (her plan Characteristics 8g 0 0 0 (her plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 (2) (2) (2) (2) (2) (2) (2) (2) (2) (b Total plan liabilities	7b							
a Controlutions received or receivable from: Ba(1) 113153 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	496538	4965386			5888980		
(1) Employers 8e(1) 113163 (2) Participanis 8e(2) 312532 (3) Other income (loss) 8e(3) 708912 (4) Enter income (loss) 8e(3) 708912 (5) Dether income (loss) 8e(3) 708912 (6) Enter income (loss) 8e(3) 708912 (7) Dether income (loss) 8e 1194497 (7) Dether income (loss) 8f 1889 2709603 (7) Transfers to (form) the plan (lose instructions) 8g 1194497 201942 (7) Plan Characteristics 9a 1194497 201942 21<30	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants				_					
(3) Others (including rollovers) 8a(3) 8b 768512 (3) Others (noting (loss)) 8b 768512 1194497. (3) Others (noting (loss)) 8c 1194497. 8c 1194497. (3) Others (noting (loss)) 8c 1194497. 8c 1194497. (3) Others (noting (loss)) 8c 1194497. 8c 1194497. (4) Other expenses (loss) (subtract line (loss)) 8c 18 250047 1194497. (5) Other expenses (loss) (subtract line 8b, 6e, 6f, and 6g) 8t 9 9 12012111111111111111111111111111111111									
b Other income (loss) Bb 768812 c Total income (add lines Bart), 8a(2), 8a(3), and 8b) Bc 119.4497 d Barefits paid (including direct followers and examce premiums and provides benefits) Bc 119.4497 d Barefits paid (including direct followers and examce premiums and provides benefits) Bc 119.4497 d Determination of the expenses Bg 18826 119.4497 d Determination of the expenses Bg 18826 119.4497 d Total expenses (add lines 64, 66, 81, and 8g) Bh 2720003 Intermed the plan (see instructions) Bj 91 9270003 Intermed the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Zet 27 20 20 20 20 20 20 20 20 20 20 20 20 20			31253	2					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1194497 d Benefits pad (including direct rollovers and insurance premiums by provide rollovers and insurance previders (salaries, fees, commissions). 8d 252047 g Other expenses. 8g 18856 270903 g Other expenses (add lines 6d, 8e, 8f, and 8g). 8h 270903 i Net income (loss) (subtract line 8h from line 8c). 8i 922594 i Transfers to (from) the plan (see instructions). 8i 922594 i Transfers to (from) the plan (see instructions). 8i 922594 g If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 27 2G 2J 2X 2T 3D g Oronpliance Questions 10 During the plan year: Yes No Amount d Was there any nonexempt 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) 10e X 4 d			70004						
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to provide benefits). 8d 252047 e Cartain deemed and/or corrective distributions (see instructions)	-	80					1194497		
f Administrative service providers (salaries, fees, commissions)		8d	25204	7					
g Other expenses ag ag h Total expenses (add lines 8d, 8e, 8l, and 8g) 8h 2709033 i Net income (loss) (subtract line 8h from line 80	e Certain deemed and/or corrective distributions (see instructions)	8e							
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i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							
j Transfers to (from) the plan (see instructions) gj 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 2G 2J 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 Yes No Amount 0 During the plan year: Yes No Amount 29< CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X Image: Code instructions b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a X Image: Code and the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image: Code and the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image: Code and the plan Provide any benefit when due under the plan? Image: Code and the plan Provide any benetere anount as of year end. Imag	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					270903		
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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) Yes 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? Yes (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 rulir granting 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. Itic	 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan count plan, was there a blackout period?) 	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	×	X X X X X X X X X X X X X X X X X X X	40000		
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) Yes 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? Yes (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 rulingranting 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. Itie Itie	 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction ne required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h	×	X X X X X X X X X X X X X X X X X X X	400000		
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b Enter the minimum required contribution for this plan year	 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	X X Schec	X X X X X X X Ulle SB (F 11a 302 of ER	400000 226532 0rm		
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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	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?				Yes X No		
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	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