## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	accordance with the instri	actions to the Form 550	U-3F.		
	rt I		<b>Identification Informatio</b>	n				
For	calenda	r plan year 2012 or fis	scal plan year beginning 01/0	1/2013	and ending	0/31/2	2013	
<b>A</b> 7	Γhis retu	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
<b>B</b> 7	Γhis retu	urn/report is:	the first return/report	x the final return/repor	t			
			an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)		
C	Check b	ox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter des	scription)				
Pa	rt II	Basic Plan Info	rmation—enter all requested i	nformation				
1a	Name o	of plan	·			1b	Three-digit	
COME	BAT SP	ORTS RETIREMENT	PLAN				plan number	
							(PN) <b>▶</b>	001
						1c	Effective date of 01/01/	•
2a	Plan sr	onsor's name and ad	dress; include room or suite num	her (employer if for a single	e-employer plan)	2h	Employer Identif	
COM	BAT SF	PORTS, INC.	aress, include room or suite num	ber (employer, ir for a singi	S-employer plan)	20	(EIN) 20-582	
						2c	Sponsor's telep	hone number
		H AVE. N.E.					425-747	
BELL	EVUE,	WA 98005				2d	Business code ( 42391	
3a	Plan ac	lministrator's name an	nd address XSame as Plan Spo	nsor Name Same as Pla	an Sponsor Address	3b	Administrator's E	
-	i idii de		a dadroos <u>P</u> odino do Fian opo		an openion riddiose		, anninotrator o i	
						3c	Administrator's t	elephone number
4	If the second		- alan ana ana banahan ahan ana dasar	- the least material form of Class	for the other contain the	41.		
4			e plan sponsor has changed sinc mber from the last return/report.	e the last return/report filed	for this plan, enter the	40	EIN	
а		or's name	neer nem are test return, open			4c	PN	
5a	Total n	umber of participants	at the beginning of the plan year			5a		18
b	Total n	umber of participants	at the end of the plan year			5b		0
С			account balances as of the end o		•	Fo		0
60		,				5c		Yes No
			s during the plan year invested in the annual examination and rep				•••••	X Yes   No
D			? (See instructions on waiver elig					X Yes No
			ther line 6a or line 6b, the plan					
Cau	tion: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	l unless reasonable cau	ıse is	established.	
			her penalties set forth in the instr					able, a Schedule
			nd signed by an enrolled actuary	, as well as the electronic ve	ersion of this return/report	t, and t	to the best of my	knowledge and
belie	et, it is t	rue, correct, and comp	olete.					
SIG	N	Filed with authorized/	valid electronic signature.	11/01/2013	DANIEL FERGUSON			
HER		Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adn	ninistrator
SIG	N							
HER		Signature of ample	vor/plan enoneor	Date	Enter name of individ	ual cia	uning as amplaya	r or plan enoncor
Prer	arer's r	Signature of emplo name (including firm n	ame, if applicable) and address;	Date include room or suite numb	Enter name of individer (optional)			number (optional)
	01 0 1	(oraaniy iiiii ii			(	ορ		(optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	14130				(5) =::	<u> </u>		0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	14130	)9						)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) Amount				(13)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	585	58							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1813	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23993	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16530	)2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16530	2	
	Net income (loss) (subtract line 8h from line 8c)	8i						_	14130	9	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Dawl	W Commission of Oscartions										
Part	•				V		I				
10	During the plan year:	4:		1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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					3000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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	If 10h was answered "Yes," check the box if you either provided the 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		No
11a						11a			•		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction		ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	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	res 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		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:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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

2012

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information				7000
For calend	ar plan year 2012 or fis	cal plan year beginning 01/01/2013	Comments Admin	and ending	10/31/2013	
A This re	turn/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)	a one-parti	cipant plan
	turn/report is:	T	ne final return/report			orpant plan
				/report (less than 12 m	nontha)	
C Charle	box if filing under:		utomatic extension	meport (less than 12 ff	12/20/20 L	
C Check	box if filing under:	님 니 -			☐ DFVC prog	ram
		special extension (enter description)	A. 033011			
Part II		rmation—enter all requested informati	on		-1	
1a Name		T DI ANI			1b Three-digit	
COMBATS	PORTS RETIREMENT	PLAN			plan number (PN) ▶	001
					1c Effective date	, (9433-10)
						/2007
2a Plan s	ponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Ider	tification Number
COMBALS	PORTS, INC.					327267
					2c Sponsor's tele	phone number
1400 - 1407	H AVE, N.E.					47-2000
					2d Business code	(see instructions)
	, WA 98005				4239	
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor Nar	ne USame as Plan	Sponsor Address	3b Administrator's	EIN
					3c Administratori	. delegies es est
					SC Administrator	s telephone number
		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN	
	, EIN, and the plan hun or's name	nber from the last return/report.				3000
110-11. 00-00-00-00-00-00-00-00-00-00-00-00-00-		at the beginning of the plan year	- 100		4c PN	
					- Ou	18
		at the end of the plan year			5b	0
C Numb	er of participants with a lete this item)	account balances as of the end of the pla	n year (defined bene	fit plans do not	5c	0
		during the plan year invested in eligible				
b Are vo	ou claiming a waiver of	the annual examination and report of an	independent qualifie	d nublic accountant (IO	ιραι	X Yes ∐ No
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility an	d conditions.)	******************************	M.	X Yes No
lf you	answered "No" to ei	ther line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.	
Caution: A	penalty for the late of	or incomplete filing of this return/repo	rt will be assessed u	ınless reasonable cau	use is established.	
Under pen	alties of perjury and oth	er penalties set forth in the instructions,	I declare that I have o	examined this return/rep	port, including, if appli	cable, a Schedule
SB or Sche	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	t, and to the best of m	y knowledge and
	· · · · · · · · · · · · · · · · ·	7 -				<u> </u>
SIGN	X Danul	texuso	110/23/13	XI Daniel	Fersum	
HERE	Signature of plan ac		Dale	Enter name of individ	lual signing as plan ac	Iministrator
SIGN					add organing as plan at	ministrator
HERE	Cianature of amples	vor/nlan anaman	<del></del>		Andrean W. eath W.	
Preparer's	Signature of employ name (including firm na	ame, if applicable) and address; include	Date	Enter name of individ	lual signing as employ	er or plan sponsor
opaioi o	(	, approacto, and address, module	Toom or suite Hullinel	(optional)	Preparer's telephon	e number (optional)
					I	1

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	14130				0
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	14130	9			0
8	Income, Expenses, and Transfers for this Plan Year	F N	(a) Amount				(b) Total
5000	Contributions received or receivable from: (1) Employers	8a(1)			(4)		
	(2) Participants	8a(2)	585	8		111_	
	(3) Others (including rollovers)	8a(3)					TV PIECENIA
b	Other income (loss)	8b	1813	5		1112	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23993
	Benefits paid (including direct rollovers and insurance premiums			isto			
70-22	to provide benefits)	8d	16530	2		ساليا	
	Certain deemed and/or corrective distributions (see instructions)	8e			-		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	-		_	25-1	
Alexander State	Other expenses	8g				nie in	
<u>h</u> .	Total expenses (add lines 8d, 8e, 8f, and 8g)						165302
<u></u>	Net income (loss) (subtract line 8h from line 8c)		1200	112111	-		-141309
_1_	Transfers to (from) the plan (see instructions)	8j		***		thus.	
1000000	t IV Plan Characteristics	150					
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteris	stic Co	ides in	the instructions:
b	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for	nature code	s from the Liet of Plan Chara	ologial	ie Cee		L - 1 - 1 - 1 - 1
IJ	If the plan provides wellare beliefus, effici the applicable wellare is	cature code	s from the List of Fian Chara	cterist	.ic C00	ies in t	ne instructions;
Pari	V Compliance Questions						THE PARTY OF THE P
10	During the plan year:				Yes	No	Amount
а	Was there a failure to Iransmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Ь		×	
С	Was the plan covered by a fidelity bond?			10c	х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	27.17480	х	300000
е	Were any fees or commissions paid to any brokers, agents, or other			,,,,			
	insurance service or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		x	
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	s of year er	nd.)	10g		Х	- IXELET W
h		(See instruc	ctions and 29 CFR	10h		X	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			
Part				10.			The second second
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (if "Y	es," see instructions and con	nplete	Sched	dule SE	3 (Form
11a	Enter the amount from Schedule SB line 39					11a	
12	is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	e or se	ection		ERISA? Yes X No
	(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 bei granting the waiver.	ng amortize	d in this plan year, see instru	ctions oth	, and e	enler th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Forr	n 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	
-							

	Form 5500-SF 2012	Page 3 - 1	<b>6</b> 8					
С	Enter the amount contributed by the employer to the plan	for this plan year	12c	I	10			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	2b. Enter the result (enter a minus sign to the left of a	12d					
е	Will the minimum funding amount reported on line 12d be			Yes	□ No □ N/A			
Part								
13a	Has a resolution to terminate the plan been adopted in any pla	an year?	X Y	res N	lo			
	If "Yes," enter the amount of any plan assets that reverted				0			
b	Were all the plan assets distributed to participants or bene of the PBGC?	control		X Yes ∏ No				
С	If during this plan year, any assets or liabilities were transferhich assets or liabilities were transferred. (See instruction	ferred from this plan to another plan(s), identify the plan(s						
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)			
	V							
Part	VIII Trust Information (optional)			-				
14a					4b Trust's EIN			
	**************************************		140 11	usts EIN				