For	rm 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	Dt This form is required to be filed u	enefit Plan	nd 4065 of the Employe	ρ	2	2013
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form i	s Open to Public pection
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 550	0-SF.	1113	pection
Part I		entification Information		and anding 4	0/04/	2010	
	ar plan year 2013 or fisca	7 · · · · · ·		C	2/31/2		
	turn/report is for:			an (not multiemployer)		a one-partici	oant plan
B This ret	turn/report is:		e final return/report				
_				n/report (less than 12 mo	onths)		
C Check	box if filing under:		utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II		nation—enter all requested information	on		41-		
1a Name MARCO GLO	of plan OBAL, INC. 401(K) PLAN	I.			10	Three-digit plan number (PN) ►	001
					1c	Effective date o	f plan
2a Plan s	ponsor's name and addre	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi	
MARCO GL	OBAL, INC.						25311
4259 22ND	AVENUE W				2c	Sponsor's telep 206-28	
SEATTLE, V	VA 98199				2d	Business code (33270	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
		lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan numb or's name	er from the last return/report.			4c	PN	
<u> </u>		the beginning of the plan year			5a		33
b Total	number of participants at	the end of the plan year			5b		39
C Numb	er of participants with acc	count balances as of the end of the pla	n year (defined bene	fit plans do not			
					5c		12 X Yes No
		uring the plan year invested in eligible annual examination and report of an					X Yes No
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)		· ~)		🗙 Yes 🗌 No
-		er line 6a or line 6b, the plan cannot					
C If the	plan is a defined benefit p	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIGN	Filed with authorized/val	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sic	gning as emplove	r or plan sponsor
Preparer's		ne, if applicable) and address; include r	room or suite number		-		number (optional)

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear		
а	Total plan assets	7a	178359	7				21	23560		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	178359	7				21	23560		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	9779	7							
	(3) Others (including rollovers)	8a(3)									_
b	Other income (loss)	8b	24216	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	39963		_
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									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i						3	39963		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:		
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 instruct	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
с	Was the plan covered by a fidelity bond?			10c	Х				1	00000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	2		10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth										—
-	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f				10f		Х					
				-		Х					
 	If this is an individual account plan, was there a blackout period?		,	10g							
	2520.101-3.)	•		10h		Х					
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	1-3		10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	XN	No
11a	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 3	302 of	ERISA?		Yes	XN	N٥
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of t	he le [:] Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year				T	12b					

_				
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)	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?	7	′es 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 under the of the PBGC?	control		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): 1	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust CO GLOBAL, INC. 401(K) PLAN		⁻ ust's EIN 93801591	

Form 5500-SF	Short Form Annual Re		OMB Nos, 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed		and 4065 of the Employe	8		2013		
Department of Labor Employee Benefits Security Administration		al Revenue Code (the	a Code).		is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accord	lance with the Instr	uctions to the Form 550	0-SF.				
	Ientification Information							
For calendar plan year 2013 or fisca		01/01/2013	and ending	12	/31/2013			
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multemployer)	L	a one-particip	pant plan		
B This return/report is:	the first return/report	the final return/repor	t					
	an amended return/report	a short plan year reti	um/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		Г	DFVC progra	הזו		
Ī	special extension (enter description	1)						
Part II Basic Plan Inform								
1a Name of plan		10001		1b 1	Three-dlait			
	01 (-) 71			1	an number			
Marco Global, Inc. 4	UI(K) Plan				PN) ►	001		
					Effective date of plan 01/17/2005			
2a Plan sponsor's name and addr	ess; include room or suite number (er	nployer, if for a single	employer plan)			fication Number		
Marco Global, Inc.					EIN) 73-17			
				2c Sponsor's telephone number				
4259 22nd Avenue W					(206) 285-3			
				2d E	Business code ((see instructions)		
US Seattle	WA 98199				332700			
Sa man aoministrators name ano	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	30 /	dministrator's l	EIN		
				3c /	dministrator's i	elephone number		
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	st return/report filed	for this plan, enter the	4b e	IN			
a Sponsor's name				4c F	2N			
5a Total number of participants at	the beginning of the plan year			5a	ī	33		
	the end of the plan year			5b		39		
C Number of participants with acc	count balances as of the end of the pla	an vear (defined ben	stit plans do not					
<u>complete this item</u>	·····			<u>5c</u>				
	iring the plan year invested in eligible			*********		XYes No		
	e annual examination and report of ar See instructions on walver eligibility ar		•	•				
	er line 6a or line 6b, the plan cannot		and must instand use C	EE		X Yes No		
c If the plan is a defined benefit p	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	orm 55]Yes □No	Not determined		
Caution: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	uniess reasonable cau	ise is es	stablished			
Under penalties of perjury and other	r penalties set forth in the instructions	. I declare that I have	examined this return/rec	ort incl	uding, if applies	able a Scherkule		
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as we	Il as the electronic ve	arsion of this return/report	, and to	the best of my	knowledge and		
SIGN KI-QWDA	·L		Richard W. Boeh			<u> </u>		
HERE Signature of plan admin	istrator	Date 4/8/14				latertee .		
-9-55.000		///	Enter name of individua	ានលើវោហ	as pian aomir			
SIGN	•				<u> </u>			
HERE Signature of employer/p		Date	Enter name of individua					
Tricharar a usua funcinging jitu usi	me, if applicable) and address; include	room or suite numb	er (optional)	Prepar	er's telephone i	number (optional)		

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

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Pa	art III Financial Information								
7	Plan Assets and Liabilities	His Istall	(a) Beginning of Yea	r	T		(b) End of	Year	
а	Total plan assets	. 7a	1,783,5	97				2,123,5	60
b	Total plan liabilities	. 7b				015			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1,783,5	97	1			2,123,5	60
_	Income, Expenses, and Transfers for this Plan Year	TEL BERT	(a) Amount		1	-	(b) To		
а	Contributions received or receivable from:				1740	1.62.55	(-) / /		
	(1) Employers	. 8a(1)		-	(CE)	234R)	2 12 - 24 18 ¹⁸	Station.	1411-13
	(2) Participants	. 8a(2)	97,7	97	198	1.26.76	135-41		1.105
E.	(3) Others (including rollovers)	. 8a(3)	10.00 Million (1997)		13.63	110		1000	1125.0
_	Other income (loss)	85	242,1	66	Uler	115	A. Cat		國防認定
C d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. Bc			2			339,9	63
a	to provide benefits)	8d			181	A and a		行机合法	
	Certain deemed and/or corrective distributions (see instructions)	_			120	10220			MB: P.J.
	Administrative service providers (salaries, fees, commissions)	Bf		1.11	11230	101	1		11.51
	Other expenses	8g		100	12.03	19.00	The second		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1 Martin	1	a san por	Conversion of the second	CONTRACTOR OF STREET, ST.	A COLOR OF STREET
	Net income (loss) (subtract line 8h from line 8c)	81		117703				339,9	63
	Transfers to (from) the plan (see instructions)	8	President of the second source of the second street	a read	102.03	19110	tion of the	222	0.3
	rt IV. Plan Characteristics	1 9		-	Sability	1010	The second		CARDINA BALLER
_		and the second			-		<u></u>		_
Ja	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2J	sature code	is from the List of Plan Charact	eristic	: Code	s in th	ne instruction	8:	
+						1			
	if the plan provides welfare benefits, enter the applicable welfare fea	ature codea	from the List of Plan Character	ristic (Codes	in the	a instructions	:	
Pa	rt V Compliance Questions					1997 - E			
10	During the plan year:			š	Yes	No	A	mount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Oprred	tion Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not in	clude transactions reported	106		x		- C	
C	Was the plan covered by a fideilty bond?	********		10c	x			1,000	.000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance carrier						
	insurance service, or other organization that provides some or all o	of the bane	fits under the plan? (See						
-	instructions.)			10e		х		_	
f	Has the plan failed to provide any benefit when due under the plan	n?	********	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er)d.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (See instruc	tions and 29 CER		-		PROPERTY		CEA FRA
_	2520 101-3.)		*********	10h		х	9-9-1-5		Set 1
ł	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101					
Par	t VI Pension Funding Compliance			1000		2	PERSONAL PROPERTY	And the Party of t	and the second party
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and comp	iele S	ichedu	le SB	(Form	Yes [
112	Enter the unpaid minimum required contribution for current year fro					11a			
12							RISA7	Yes [X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		and the second se			T			
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	ng amortize	d in this plan year, see instructi	ons, a	and en	ter th	e date of the]
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					. Da	<u>y</u>	Year	
	Enter the minimum required contribution for this plan year					125			

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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 12	2b. Enter the result (enter a minus sign to the left of a	12d			
e Will the minimum funding amount reported on line 12d be			Yes		
Part VII Plan Terminations and Transfers of A	Assets				
13a Has a resolution to terminate the plan been adopted in an	y plan year?	. 🗆 Y	es 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 bene of the PBGC?	oficiaries, transferred to another plan, or brought under the	control	-	Yes X No	
C If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instructio	ferred from this plan to another plan(s), Identify the plan(s)	b	1		
13c(1) Name of plan(s):	1	3c(2) EIN	(s)	13c(3) PN(s)	
Part VIII Trust Information (optional)					
14a Name of trust		14Ь т	rust's Ell	N	
Marco Global, Inc. 401(k) Plan			59-3801591		