Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					/ee		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe			е	2	2013				
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form i	s Open to Public				
Pension Be	enefit Guaranty Corporation	tions to the Form 5500	)-SF.	Ins	pection						
Part I		entification Information									
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013					
A This ret	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan				
B This ret	turn/report is:		e final return/report								
an amended return/report a short plan year return/report (less than 12 me						,					
C Check box if filing under:						DFVC progra	im				
		special extension (enter description)									
Part II		nation—enter all requested information	on								
1a Name	•				1b	Three-digit plan number					
COMPENDI	UM 401(K) PROFIT SHA	RING PLAN				(PN)	001				
					1c	Effective date of	f plan				
						01/01/	/2003				
	ponsor's name and addre	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-13	fication Number 03169				
2100 NORT	H PACIFIC STREET				2c	Sponsor's telep 206-812					
SEATTLE, V					2d	Business code (	see instructions)				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b						
		lan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN					
<b>a</b> Spons	or's name				4c	PN					
5a Total I	number of participants at	the beginning of the plan year			5a		50				
<b>b</b> Total i	number of participants at	the end of the plan year			5b	<b>ວ</b>					
		count balances as of the end of the plar			5c		52				
-		luring the plan year invested in eligible a					X Yes No				
	•	ne annual examination and report of an i	· ·	,							
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	d conditions.)		·····		X Yes No				
-		er line 6a or line 6b, the plan cannot					1				
C If the p	blan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/report	t 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	SIGN Filed with authorized/valid electronic signature. 04/22/2014 JIM DARRAGH										
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	individual signing as plan administrator						
SIGN											
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial eir	ning as employe	r or plan sponsor				
Preparer's		ne, if applicable) and address; include r			-		number (optional)				

a Total plan assets       7a       2444313       2869940         b Total plan itabilities       7b       7c       2444313       2869940         b Total plan itabilities       7b       7c       2444313       2869940         b Contributions (solutinot line 7b from line 7a)       7c       2444313       2869940         income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       2869940         Contributions received or receivable from:       8c(1)       151055       21297       30       30       6c       707696       30       5c       707696       5c       7c       282049       8c       251891       8c       2251891       8c       2251891       8c       2251891       7c       7c       7c       7c	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
c       Net plan assets (subtract line 7b from line 7a)       7c       2444313       2869940         income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Contributions received or received and received or rece	a Total plan assets	. 7a					~ /		
Income, Expenses, and Transfers for this Plan Vaar     a Contributions received or receivable from:     a Ba(1)     151055     121237     3 Others including rollowers).     abs     345354     Containcome (add lines 84(1), 84(2), 84(3), and 8b).     abs     345354     Containcome (add lines 84(1), 84(2), 84(3), and 8b).     abs     345354     Containcome (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     control to the denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     abs     denefits, add (add lines 84(1), 84(2), 84(3), and 8b).     action (add lines 84(1), 84(2), 84(3), and 8b).     action (add lines 84(1), 84(2), 84(3), 84(1	<b>b</b> Total plan liabilities	7b							
a Continuions neareed or neareable from: b Endproves b Contex (including nelowers) b Contex (inc	<b>C</b> Net plan assets (subtract line 7b from line 7a)	- 7c	244431	3	2869940				
(1) Employers       8e(1)       161056         (2) Participants       8e(2)       211287         (3) Others (including rollovers)       8e(3)       0         (b) Cher (including rollovers)       8e(3)       0         (c) Total income (odd) lens 8d(1), 8e(2), 8e(3), and 8b)       8e       345334         (c) Total income (odd) lens 8d(1), 8e(2), 8e(3), and 8b)       8e       0         (c) Control to brain (odd lens 8d(1), 8e(2), 8e(3), and 8b)       8e       0         (c) Control to brain (odd lens 8d(1), 8e(2), 8e(3), and 8b)       8e       0         (c) Other expenses       9       0       0         (c) Torols expenses       8g       0       0         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       2552059         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24527         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24527         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24527         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24527         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24527         (c) Torols to pan (odd lines 8d, 8e, 8f, and 8g)       8h       24524         (c) Compliance Questions       8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
C) Participants       Be(2)       211287         (3) Others (including rolevers)       Be(3)       0         (3) Others (including rolevers)       Be(3)       0         (3) Others (including rolevers)       Be(3)       0         (4) Others (including rolevers)       Be(3)       0         (5) Other income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       707696         (5) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (5) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (6) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (7) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (7) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (7) Crotal income (dot) lines 8a(1), 8a(2), 8a(3), and 8b)       Be       0         (7) Crotal income (dot) lines 8d, 8e, 81, and 8g)       Bh       282069         (7) Transfers to (from) the plan (see instructions)       Bi       426627         (7) Transfers to (from) the plan (see instructions)       Bi       426627         (7) Transfers to (from) the plan (see instructions)       Bi       100       X         (7) Compliance Questions       0       0       Manount	a Contributions received or receivable from:	• (1)	15105	5					
(a) Others (including rollovers)       (b) Other (income (des)       (b) Other (income (des)       (c) Others (including rollovers)       (c) Other (income (des)       (c) Other (c)		, í			_				
b Other income (dss)       Bb       345354         C Total income (dss)       Bb       345354         C Total income (dss)       Bc       707696         Denomination (including direct rollovers and insurance premium)       Bd       251891         D Contrain (including direct rollovers and insurance premium)       Bd       251891         D Contrain (including direct rollovers)       Be       0         Administrative service providers (salaries, fees, commissions)       Be       0         G Other income (dss)       Ubstantial including direct rollovers (salaries, fees, commissions)       Bd       2820069         J Administrative service providers (salaries, fees, commissions)       Bd       2820069       2820069         J Transfers to (from) the plan (see instructions)       Bg       Bd       2820069         Part IV       Plan Characteristics       Bi       426627         B If the plan provides persion benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       20 CFR 2513-1202 (See Instructions and DCL's voluntary Fluciary Correction Program)       10a       X         D During the plan year:       4       4       2       2       2       2       2       2       2       2       2       2       2       2       2       2									
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       707696         G       Benefits paid (ncluding direct rollovers and insurance premiums to provide benefits)       8d       251881       707696         G       Central deemed andor corrective distributions (see instructions).       8d       30188       9         G       Other expenses       8g       9       9         h       Total expenses (add lines 8d. 6e, 6f, and 8g)       8h       282069         I       Net expenses       8g       9       9         Part IV       Plan Characteristics       8g       4226027         Transfers to (from) the pail cells enstructions).       8i       4226027         Stat IV       Plan Characteristics       9j       9         Part IV       Plan Characteristics       9j       9         B       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         at V       Compliance Questions       10a       X         D       Uring the plan year.       10a       X       20       22 & 22 & 22 & 22 & 22 & 22 & 22 & 22				-	_				
denefits paid (including direct rollovers and insurance premiums       ad       251881         is provide benefits)       e       0         f Administrative service providers (salaries, fees, commissions)       ef       30188         g Other expenses       8g       0         f Administrative service providers (salaries, fees, commissions)       ef       30188         g Other expenses       8g       0         in Total expenses (add lines 80, 8e, 8f, and 8g)       8h       2820069         i Net income (loss) (subtract line 8h from line 8c)       8i       425627         j Transfers to (from) the pian (see instructions)       8i       425627         eart IV       Plan Characteristics       9i       10         att IV       Plan provides persion benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:         att V       Compliance Questions       10a       X         0       During the pian year:       Yes       No       Amount         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       20e         c Was the pian onexempt transactions with any party-in-interest? (Do not include transactions reported on instructions)       10b       X       20e         f Has the pian failed to pr			0+000	·			707606		
to provide benefits)       8d       221931         6       Certain deemed and/or corrective distributions (see instructions)		. OC			_		101090		
Administrative service providers (salaries, fees, commissions)       8d       30188         g Other expenses       8g       30188         g Other expenses       8g       30188         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2820683         is Net income (oss) (subtract inc Bh from line 8c)       8i       425627         j Transfers to (from) the plan (see instructions)       8j       425627         aff the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       3D 2.2 26 2E 2K 2F 27         b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       3D 2.2 26 2E 2K 2F 27         b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       3D 2.2 26 2E 2510.3 1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         a Was there a folure to transmit to the plan any participant contributions within the time period described in 10a       X       22663         c Was the plan newe alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or in tota)       10a       X         c Was the plan failed to provide any benefit when due under the plan?       10d       X       2869         d Did the plan have alos, whe		8d	25188	1					
g Other expenses       ag       ag         g Other expenses       and Bi       282009         I Net income (icss) (subtract line 8th from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	3018	8					
I Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							
j       Transfers to (from) the plan (see instructions).       a)         g       plan Characteristics         al       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         3D 2J 2G 2E 2K 2F 21         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         art V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3102 (26 ce instructions and DOL's Voluntary Fiduciary Correction Program	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					282069		
art IV       Plan Characteristics         al       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         3D       2J       2G       2E       2K       2F       2T         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         art V       Compliance Questions         0       During the plan year:       Yes       No       Amount         at Wes 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)							425627		
a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         art V       Compliance Questions         0       During the plan year:       Yes       No         at 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 Flduciary Correction Program)       10a       X         b       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 Flduciary Correction Program)       10a       X         c       Was there allows a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       2869         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       2869         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       2869         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       147         g       Did the plan have any participant loans? (If "	j Transfers to (from) the plan (see instructions)	- 8j							
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)	· · · · · · · · · · · · · · · · · · ·	eature codes	from the List of Plan Charac	cterist		ies in tr	ne instructions:		
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)					Yes	No	Amount		
on line 10a.)			e time period described in						
Image: Construction of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		uciary Correct		10a		Х			
or dishonesty?       10d       ^         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.)		t? (Do not inc	tion Program) lude transactions reported						
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       147         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       147         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       10i         art VI       Pension Funding Compliance       10i       X       12       Yes       14a         1a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.       11a       11a       12       13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Xes         1       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Xes         1       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Xes	on line 10a.)	t? (Do not inc	tion Program) lude transactions reported	10b	X		2869		
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       147         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.       10h       X       147         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       10i         art VI       Pension Funding Compliance       10i       Yes       11a         1       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       Yes       11a         2       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       X         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 ruling 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.       12x       12x	<ul> <li>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not inc	tion Program) lude transactions reported  that was caused by fraud	10b 10c	X	×	2869		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	? (Do not inc fidelity bond, ner persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	×	2869		
i       Define plannate any participant total of (iii res), enter another as of year end.)	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	? (Do not inc fidelity bond, ner persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	X	x x x	2869		
2520.101-3.)       10h       A         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         art VI       Pension Funding Compliance       10i       Yes         1       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       Image: Complete Contribution for current year from Schedule SB (Form 5500) line 39       11a         2       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Yes         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 ruling 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.       42t	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	fidelity bond, ner persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x			
exceptions to providing the notice applied under 29 CFR 2520.101-3       10i         art VI       Pension Funding Compliance         1       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         1a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         2       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 ruling 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.       10i       10i	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	fidelity bond, ner persons b of the benefit n? is of year end	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f		x x x	2869		
<ul> <li>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)</li></ul>	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li></ul>	? (Do not inc fidelity bond, ner persons b of the benefit n? is 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			
5500) and line 11a below)       Yes         1a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         2       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 ruling granting the waiver.       Month       Day       Year         If you complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       If at the second	<ul> <li>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	? (Do not inc fidelity bond, ner persons b of the benefit n? us of year end (See instruction he required not	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 10h		x x x x x			
<ul> <li>2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>2 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 ruling granting the waiver.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Pension Funding Compliance</li> </ul>	? (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3	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 10h 10i	X	x x x x x	147		
(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 ruling granting the waiver	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>I1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	? (Do not inc fidelity bond, ner persons b of the benefit in? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SB	147 ; (Form		
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 ruling granting the waiver.	<ul> <li>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	? (Do not inc fidelity bond, ner persons b of the benefit in? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aule SB	147 ; (Form		
granting the waiver	<ul> <li>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>vart VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	? (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule	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 10h 10i	Schee	X X X X X Hule SB	147 2 (Form		
	<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>vart VI Pension Funding Compliance</li> <li>I1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	? (Do not inc fidelity bond, ner persons b of the benefit an? is of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule prequirements , as applicabl	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Iule SB	(Form ☐ Yes ☐ M ERISA? ☐ Yes X M		
	<ul> <li>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>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</li> <li>art VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	? (Do not inc fidelity bond, ner persons b of the benefit an? s of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule requirements , as applicabl ng amortized	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 10h 10i 0 or see	Scheo	X X X X X Aule SB Jule SB Jule SB Jule SB	: (Form         Yes         I           : ERISA?         Yes         I           : e date of the letter ruling         :         :		

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?	Ye	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	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

					_				
	rm 5500-SF	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 Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee						2013			
Employee B	epartment of Labor enefits Security Administration	This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report Id	lentification Information							
For calend	ar plan year 2013 or fisca		01/2013	and ending		12/31/2013			
A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
				an (not maniemployer)					
B This ret	turn/report is:		he final return/report	report (less than 12 m	onths				
C Check	box if filing under:	i	automatic extension			DFVC program			
		special extension (enter description	,						
Part II	Basic Plan Inform	nation—enter all requested informat	ion						
1a Name					1b	Three-digit			
Compen	dium 401(k) Pro	ofit Sharing Plan				plan number			
						(PN) • 001			
					1c	Effective date of plan 01/01/2003			
2a Plan s	ponsor's name and addre	ess; include room or suite number (em	plover, if for a single-	employer plan)	2b	Employer Identification Number			
COMPEN	DIUM INCORPORAT	'ED	p		20	(EIN) 91-1303169			
2100 N	orth Pacific St	reet			2c	Sponsor's telephone number 206-812-1640			
					24				
SEATTL	Ξ	WA 98103			Zu	Business code (see instructions) 339900			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me XSame as Plar	Sponsor Address	3b	Administrator's EIN			
				5	20	Administratorio talenhana numbar			
					30	Administrator's telephone number			
4 If the r	name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4h	EIN			
name	EIN, and the plan numb	er from the last return/report.							
a Spons					4c	PN			
		the beginning of the plan year		The second s	5a	50			
<b>b</b> Total r	number of participants at	the end of the plan year			5b	59			
		count balances as of the end of the pla			5c	52			
		uring the plan year invested in eligible							
		e annual examination and report of an							
under	29 CFR 2520.104-46? (S	See instructions on waiver eligibility ar	d conditions.)	a public accountant (rea	~,	X Yes No			
lf you	answered "No" to elth	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
c If the p	lan is a defined benefit p	lan, is it covered under the PBGC insi	urance program (see	ERISA section 4021)?	П	Yes No Not determined			
		incomplete filing of this return/repo							
Under pena	alties of perjury and other	penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, ir	icluding, if applicable, a Schedule			
belief, it is t	rue, correct, and complete	signed by an enrolled actuary, as well te.	as the electronic vers	sion of this return/report,	and	to the best of my knowledge and			
	-52 12	0	·		_				
SIGN	Tam 18an	nd	4.17.14	JIM DARRAGH					
HERE	Signature of plan adm	ninistrator							
SIGN	You Kan	1	4-17.14	JIM DARRAGH					
HERE	Gignature of employe	rinian enoncor		Enter some of individu		wine an entering of the second			
Preparer's		ne, if applicable) and address; include	Date	(ontional)		ning as employer or plan sponsor arer's telephone number (optional)			
				(optional)	, ieh				
						The state of the state of the state			

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

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Form 5500-SF 2013

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Pa	rt III Financial Information			- i						
7	Plan Assets and Liabilities		(a) Beginning of Yea	аг			(b) En	d of Ye	əar	
а	Total plan assets	7a	24	4431	.3				28	6994
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	24	4431	13				28	6994
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:		1	5105	5					
	(1) Employers	8a(1)		211287					_	
	(2) Participants	8a(2)	2	1128			210 210			
h	(3) Others (including rollovers)	8a(3)		4535	0			1/11		
	Other income (loss)	8b		4535	4		-1. X.(2)			0.0.0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80	and the second	<u>A</u> _999.3		-114			1	0769
u	to provide benefits)	8d	2	5188	1					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			0.2.2	1.54	
f	Administrative service providers (salaries, fees, commissions)	8f		3018	8		1.22 Mars		205	20 20
-	Other expenses	8g			15			1.0	10.20	10.1
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.32					2	8206
	Net income (loss) (subtract line 8h from line 8c)	81		8 .					4	2562
	Transfers to (from) the plan (see instructions).	8j				W				218 51
Par	t IV Plan Characteristics	<u> </u>			-					
	If the plan provides pension benefits, enter the applicable pension 3D 2J 2G 2E 2K 2F 2T	feature code	es from the List of Plan Char	acteris	tic Co	des in	the instru	uctions	:	
b Part	If the plan provides welfare benefits, enter the applicable welfare fe									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within to the second second	the time period described in ction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		x				
С	Was the plan covered by a fidelity bond?			10c	х				2	86994
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	l, that was caused by fraud	10d		x				
е		er persons of the benef	by an insurance carrier, its under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g	х					14776
h		See instruct	tions and 29 CFR	10g		х				1112
I	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107	e required r	notice or one of the	101			S Gam			
Part					-			115		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Scheo	lule SE	3 (Form	Тп	Yes	ΠΝο
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		di seconda de la constante de				EDIGAO		Yes	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		2	UISE	CUON	502 Of	ERISA?	*	105	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	l in this plan year, see instruc	ctions,	and e	enter th Day	ne date of	f the let Year		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule				-	Day	//			
	Enter the minimum required contribution for this plan year.		in the second second			12b				

Form 5500-SF 2013

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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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	NoN/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ·	res XN	0
	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?			Yes X 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		
	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	_		
14a	Name of trust	14b T	rust's EIN	

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