For	m 5500-SF	Short Form Annual Ret		f Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	Be 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		tions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I		entification Information					
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/	2013	
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report th	e final return/report				
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	
C Check I	box if filing under:	Form 5558au	tomatic extension			DFVC progra	m
		special extension (enter description)					
Part II		nation—enter all requested information	on				
1a Name CASEINTEL	of plan CORPORATION 401(K)	PLAN			1b	Three-digit plan number (PN) ▶	001
					1c	Effective date or 01/01	•
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CASEINTEL CORPORATION				2b	Employer Identi (EIN) 37-14	
3633 136TH	PLACE SE. SUITE 210				2c	Sponsor's telep 206-774	
	WA 98006-1445				2d	Business code (81299	
	dministrator's name and		ne Same as Plan	Sponsor Address	3b	Administrator's 37-14	EIN 55513
4 If the r	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan numb	er from the last return/report.		· · · · · · · · · · · · · · · · · · ·		PN	
5a Total r	number of participants at	the beginning of the plan year			5a		7
b Total r	number of participants at	the end of the plan year			5b		8
		count balances as of the end of the plan			5c		8
	•	uring the plan year invested in eligible a	•	,			X Yes No
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No
	,	er line 6a or line 6b, the plan cannot	,				
C If the p	olan 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	nenalty for the late or	incomplete filing of this return/repor	t will be assessed i	Inless reasonable cau	se ie	established	
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	oort, ii	ncluding, if applic	
SIGN	Filed with authorized/val	lid electronic signature.	07/28/2014	GEORGE OWINGS			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator
SIGN	<u> </u>				,		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor
Preparer's		ne, if applicable) and address; include r					number (optional)

Pa	t III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear		
а	Total plan assets	7a	34229	0					489369		
b	Total plan liabilities	7b	18	5					0		
С	Net plan assets (subtract line 7b from line 7a)	7c	34210	5				4	189369		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	2555	4							
	(2) Participants	8a(2)	5870	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6939	4							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	53657		
_	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	639	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6393		
	Net income (loss) (subtract line 8h from line 8c)	8i							147264		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ictions	S:		
	2E 2F 2G 2J 3D 2T	4	a form the List of Disc. Observe	- 4 4 - 4				<i>k</i>			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist		ies in t	ne instruc	tions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			N/					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	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					300)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth										
•	insurance service, or other organization that provides some or all					х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х					340)00
h	· · · · · · · · · · · · · · · · · · ·	•				х					
	2520.101-3.)			10h			1				
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		-		-							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
110	Enter the unpaid minimum required contribution for current year fr					11a			. 00		
12	· · · ·		, ,					Тг	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding			e or se	cuon .	302 OT	ERIJA?.	•	163	^	110
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein			ctions	, and e	enter th	l ne date of	the le	etter rul	ng	
	granting the waiver										
-	you completed line 12a, complete lines 3, 9, and 10 of Schedul					12b					
q	Enter the minimum required contribution for this plan year					1ZD					

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 c of the PBGC?	ontrol		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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

	n 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	nent of the Treasury al Revenue Service	This form is required to be filed		nd 4065 of the Employe	e	2013
	artment of Labor efits Security Administration	Retirement income Security Act of 1		ctions 6057(b) and 6058		This Form is Open to Public
	efit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Inspection
		entification Information	01/2012			
	rplan year 2013 or fisca		01/2013	and ending		12/31/2013
A This retu B This retu			n multiple-employer pl ne final return/report	an (not multiemployer)	l	a one-participant plan
			•	n/report (less than 12 m	onths)	
C Check br	x if filing under:		utomatic extension		[DFVC program
e 011001100		special extension (enter description)			L	
Part II	Basic Plan Inforn	nation—enter all requested informati				
1a Name of					1b	Three-digit
CASEINT	EL CORPORATION	401(K) PLAN				plan number (PN) ▶ 001
					1c	Effective date of plan
		ess; include room or suite number (em	ployer, if for a single-	employer plan)	[Employer Identification Number
CASEINT	EL CORPORATION					(EIN) 37-1455513
3633 130	6TH PLACE SE,	SUITE 210				Sponsor's telephone number 206-774-6712
BELLEVU	D	WA 98006-1445				Business code (see instructions)
	ninistrator's name and a		ne Same as Plan	Sponsor Address		812990 Administrator's EIN
	EL CORPORATION					37-1455513
						Administrator's telephone number
3633 130	6TH PLACE SE,	SUITE 210			2	206-774-6712
BELLEVUI	Ξ	WA 98006-1445				
4 If the na	me and/or EIN of the pl	an sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN
name, E a Sponsor		er from the last return/report.			4c	
5a Total nu	mber of participants at	the beginning of the plan year		-	5a	7
		the end of the plan year			5b	8
c Number	of participants with acc	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c	
		uring the plan year invested in eligible				88
b Are you	claiming a waiver of the	e annual examination and report of an	independent qualifie	d public accountant (IQI	PA)	
		See instructions on waiver eligibility an				
		er line 6a or line 6b, the plan cannot				
	an is a defined benefit p	lan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)?		Yes No Not determined
		ncomplete filing of this return/repo				
SB or Sched	ies of perjury and other ule MB completed and s e, correct and complet	penalties set forth in the instructions, signed by an enrolled actuary, as well e.	I declare that I have a as the electronic vers	examined this return/rep sion of this return/report,	ort, inc , and to	luding, if applicable, a Schedule the best of my knowledge and
SIGN		<u></u>		GEORGE OWINGS		
HFRF 🗋	Signature of plan adm	inistrator	Date 7/18/14	Enter name of individu	al sign	ing as plan administrator
SIGN		<u>} </u>				
	Signature of employe		Date	Enter name of individu	ual sign	ing as employer or plan sponsor
Preparer's na	ame (including firm nam	e, if applicable) and address; include r	oom or suite number	(optional)		rer's telephone number (optional)
For Paperworl	Reduction Act Notice	nd OMB Control Numbers, see the instru	otions for Form FEOD	SE		Form 5500-SE (2013)

Page 2

7 Plan Assets and Liabilities									
			(a) Beginning of Yea	ar			(b) End of	Year	-
a Total plan assets		7a		4229	0			489	369
b Total plan liabilities		7b		18	5				(
C Net plan assets (subtract line 7b from line	7a)	7c	3	4210	5			489	369
8 Income, Expenses, and Transfers for this	Plan Year		(a) Amount				(b) Tota	al —	
a Contributions received or receivable from:				0.5.5.5					
(1) Employers		8a(1)		2555	_	* 2 :			<u> </u>
(2) Participants		8a(2)		5870	9	: :' 			<u>.</u>
(3) Others (including rollovers)		8a(3)			_			eddia an air an an aig h	
b Other income (loss)	·····	8b		6939	4				
C Total income (add lines 8a(1), 8a(2), 8a(3)		8c			_			153	65
d Benefits paid (including direct rollovers an to provide benefits)	· · · · · · · · · · · · · · · · · · ·	8d						· · ·	
e Certain deemed and/or corrective distribut	`	8e							
f Administrative service providers (salaries,	fees, commissions)	8f		639	3				
g Other expenses		8g							
h Total expenses (add lines 8d, 8e, 8f, and 8	Bg)	8h		n an taon Taon 1997 - Anna Anna Anna Anna Anna Anna Anna An				6	39
i Net income (loss) (subtract line 8h from lin	ne 8c)	8i						147	264
j Transfers to (from) the plan (see instructio	ns)	8j							
Part IV Plan Characteristics	•								
b If the plan provides welfare benefits, ente Part V Compliance Questions	r the applicable welfare feat	ture codes fi	rom the List of Plan Charao	cterist	c Cod	ies in ti	he instruction	s:	
10 During the plan year:									
					Yes	No	Ar	nount	
a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a				10a	Yes	No X	Ar	nount	
 a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) 	and DOL's Voluntary Fiducia with any party-in-interest? (ary Correction	on Program) ide transactions reported	10a 10b	Yes		Ar	mount	
29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions	and DOL's Voluntary Fiducia with any party-in-interest? (ary Correctio (Do not inclu	on Program)	10b	Yes	X	Ar		000
 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not 	and DOL's Voluntary Fiducia with any party-in-interest? (? reimbursed by the plan's fid	lary Correction (Do not inclu	on Program) ide transactions reported	10b 10c		X	Ar		000
 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization to an insurance service. 	and DOL's Voluntary Fiducia with any party-in-interest? (? reimbursed by the plan's fid ny brokers, agents, or other that provides some or all of	delity bond, t r persons by the benefits	on Program) ide transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b		x x	Ar		000
 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization to instructions.) 	and DOL's Voluntary Fiducia with any party-in-interest? (? reimbursed by the plan's fid ny brokers, agents, or other that provides some or all of	delity bond, t r persons by the benefits	on Program) Ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e		x x x	Ar		00(
 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization tinstructions.) f Has the plan failed to provide any benefit 	and DOL's Voluntary Fiducia with any party-in-interest? (? reimbursed by the plan's fid ny brokers, agents, or other that provides some or all of t when due under the plan?	delity bond, t r persons by the benefits	on Program) ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	x	x x x x x	Ar	30	
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 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization tinstructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was t 2520.101-3.) i If 10h was answered "Yes," check the box 	and DOL's Voluntary Fiducia with any party-in-interest? (reimbursed by the plan's fid my brokers, agents, or other that provides some or all of t when due under the plan? (If "Yes," enter amount as of there a blackout period? (Se wif you either provided the	delity bond, t delity bond, t r persons by the benefits of year end.) ee instruction required not	on Program) ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	x	x x x x x		30	
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 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization to instructions.) f Has the plan have any participant loans? h If this is an individual account plan, was to 2520.101-3.) i If 10h was answered "Yes," check the bo exceptions to providing the notice applied Part VI Pension Funding Complian 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 12 Is this a defined contribution plan subject 	and DOL's Voluntary Fiducia with any party-in-interest? (reimbursed by the plan's fid my brokers, agents, or other that provides some or all of t when due under the plan? (If "Yes," enter amount as of there a blackout period? (Se there a blackout period? (Se there a blackout	ary Correction (Do not inclued) delity bond, to r persons by the benefits of year end.) ee instruction required not 3	on Program) ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X X X ute SB	6 (Form	30	00(No
 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization to instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was t 2520.101-3.) i If 10h was answered "Yes," check the bo exceptions to providing the notice applied Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 	and DOL's Voluntary Fiducia with any party-in-interest? (reimbursed by the plan's fid ny brokers, agents, or other that provides some or all of t when due under the plan? (If "Yes," enter amount as of there a blackout period? (Se there a blackout period? (Se there a blackout	ary Correction (Do not inclued delity bond, to r persons by the benefits of year end.) ee instruction required not 3	on Program) ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 00 se	X X Sched	X X X X X X ule SE	B (Form ERISA?	304 340 Yes []	
 29 CFR 2510.3-102? (See instructions a on line 10a.)	and DOL's Voluntary Fiducia with any party-in-interest? (reimbursed by the plan's fid ny brokers, agents, or other that provides some or all of t when due under the plan? (If "Yes," enter amount as of there a blackout period? (Se there a blackout period? (Se there a blackout	ary Correction (Do not inclued delity bond, to r persons by the benefits of year end.) ee instruction required not 3 	on Program) ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 00 se	X X Sched	X X X X X X X Ule SE	B (Form ERISA?	304 340 Yes [] Yes X	00(No