Form 5500-SF		Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan			_	2013			
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			B(a) of This Form is Open to Pu		s Open to Public		
Pension Be	nefit Guaranty Corporation	 Complete all entries in accordar 	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I Annual Report Identification Information									
For calenda	ar plan year 2013 or fisc			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-partici	pant 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 m	onths)			
C Check I	pox if filing under:	X Form 5558	utomatic extension			DFVC progra	ım		
		special extension (enter description)				_			
Part II	Basic Plan Infor	mation—enter all requested information	on						
1a Name	of plan	·			1b	Three-digit			
THE MERCU	JRY GROUP LIMITED 4	101 (K) PROFIT SHARING PLAN AND 1	TRUST			plan number	001		
					10	(PN) ►	001		
						Effective date o	•		
	oonsor's name and addr JRY GROUP LIMITED	ress; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification Number			
C/O CPI-QP	· ·				2c	(EIN) 91-1832122 Sponsor's telephone number 206-256-9626			
1931 2ND A SEATTLE, V	VE., THIRD FLOOR VA 98101				2d	Business code (see instructions)			
22 Dian a	dministrator's name and	address XSame as Plan Sponsor Nan		Changer Address	3h	54199			
Ja Fidil d				Sponsor Address	3b Administrator's EIN				
	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.			4b EIN					
a Spons					4c	PN			
5a Total r	number of participants a	t the beginning of the plan year			5a		26		
b Total r	number of participants a	t the end of the plan year			5b		20		
C Numb	er of participants with ac	ccount balances as of the end of the plar	n year (defined bene	fit plans do not					
compl	ete this item)				5c		20		
	•	during the plan year invested in eligible a	•	,			X Yes No		
		he annual examination and report of an (See instructions on waiver eligibility and					X Yes 🗌 No		
		her line 6a or line 6b, the plan cannot							
		plan, is it covered under the PBGC insu					Not determined		
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · ·	1		
		r incomplete filing of this return/repor					able a Schodule		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	alid electronic signature.	08/20/2014	JULIE MCCOY					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE			Enter name of individ	dividual signing as employer or plan sponsor					
Preparer's		me, if applicable) and address; include r	oom or suite number		_		number (optional)		

a Total plan assets 7a 1003496 1121557 b Total plan liabilities 7b 0 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 1003496 1121557 a Contributions acceived or receivable from: 8a(1) 28222 101 Employees (b) Total a Controlutions acceived or receivable from: 8a(2) 57592 57992 1033496 1121557 (a) Others (including rolovers) 8a(3) 282576 57592 315389 315389 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 315389 315389 315389 d Benofits paid (notuding rolovers) 8e 197328 315389 315389 f Administrative service providers (salaries, flees, commissions) 8f 197328 315389 g Other expenses 8g 197328 118061 118061 i Transfers for from the plan (see instructors) 8i 118061 118061 g Other expenses 8g 118061 118061 118061 i Transfers for (from) the plan (see instructors) 8i 118061 118061 i Transfers for (fro	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
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29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a A b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500000 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 500000 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.) 10d X X f Has the plan failed to provide any benefit when due under the plan? 10f X X 40995 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X X 40995 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. 10h X X 250001 i If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39. 11a 11a	Part V Compliance Questions								
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exceptions to providing the notice applied under 29 CFR 2520.101-3	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidual b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	× × × ×		5	
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 I1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes N (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. Day Year	 During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instructi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	×	× × × × ×		5	
5500) and line 11a below) Yes N 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes N (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	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the service of the plan is for the plan is the plan have any participant is for the plan is the provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any service if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant "Plan have any participant box if you either provided the plan have any participant plan have any participant box if you either provided the plan have any participant plan have any plan have box if you either provided the plan have any plan have any plan have box if you either plan have any plan have box if you either plan have backout plan have b	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? s of year end See instruction e required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × × × ×		5	
 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 N (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. 	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? s of year end See instruction e required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × × × ×		5	
(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	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instructi e required n -3	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X		5	4099
(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. Month Day Year	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit n? s of year enc See instruct e required n -3 3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X		5	4099
granting the waiver	 During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefi n? s of year enc See instruction e required n -3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	3 (Form	5	4099
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? s of year end See instruction e required n -3	tion Program) dude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See the plan? (See the p	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	3 (Form	5	
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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 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				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 13				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust								