For	rm 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			/ee OMB Nos. 121 121			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e 2013		013		
Employee Be	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) a ployee Benefits Security Administration the Internal Revenue Code (the Code).				(a) of	This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	tions to the Form 5500	0-SF.	1113	pection		
Part I		entification Information							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
A This ret	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
B This ret	turn/report is:	the first return/report the	ne final return/report						
	\geq	an amended return/report	short plan year return	n/report (less than 12 mo	onths))			
C Check	box if filing under:	Form 5558	utomatic extension		X DFVC program				
	[special extension (enter description))						
Part II	Basic Plan Inforn	nation—enter all requested information	on						
1a Name					1b	0			
MERCENT C	CORPORATION 401 K P	ROFIT SHARING PLAN TRUST				plan number	004		
						(PN)	001		
					10	C Effective date of plan 01/01/2005			
	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-e	employer plan)	2b				
					2c	Sponsor's telept	none number		
2701 1ST A' SEATTLE, V	VE STE 500 VA 98121-0000				2d	Business code (s 54151	see instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me OSame as Plan	Sponsor Address	3b				
		lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN			
	or's name				4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a	a 43			
b Total r	number of participants at	the end of the plan year			5b		40		
	· ·	count balances as of the end of the pla							
					5c		14 X Yes No		
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
-							Net determined		
C in the p	Jan is a defined benefit p	plan, is it covered under the PBGC insu	Irance program (see i	ERISA section 4021)?	····· [Yes No X	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed ι	unless reasonable cau	ise 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 HERE	Filed with authorized/val	lid electronic signature.	11/14/2014	ERIC BEST					
	Signature of plan adm	ninistrator	Date	Enter name of individu	nter name of individual signing as plan administrator				
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ual sir	ning as employed	r or plan sponsor		
Preparer's		ne, if applicable) and address; include r			_		number (optional)		
	-					-			

a Total plan assets 7a 205183 375241 b Total plan liabilities 7b 0 0 0 c Net plan assets (subtract ine 7b from line 7a) 7c 205183 375241 c Contributions received or receivable from: 6 0 0 0 a Contributions received or receivable from: 8a(1) 0 0 0 0 (1) Employees 8a(2) 100470 0 <t< th=""><th>7 Plan Assets and Liabilities</th><th></th><th colspan="2">(a) Beginning of Year</th><th colspan="3">(b) End of Year</th></t<>	7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
b Total plan labilities Tb 0 0 C Not plan assets (subtract line 7b from line 7a) Tc 205163 375241 Income, Expenses, and Transfers to this Plan Yein (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (j) Employers 8a(2) 109470 (g) Other income (loss) 8b 65126 C Total plan inabilities 8a(3) 0 C Total income (loss) 8b 65126 C Total income (loss) 8d 4438 0 Other income (loss) 0 174596 g Other receive and incore income (loss) (subtraction, lose instructions) 8d 433 g Other receive and incore incolution and incolution set instructions) 8d 90 g Other incore (loss) (subtract line 8h from line 8c) 8d 100778 g Transfera to (from) the plan in (see instructions) 8d 0 100778 g Transfera to (from) the plan aprovides pension benefits, e		7a						
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 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.) 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: 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? 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 or instructions.) 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 If this is an individual account plan, was there a blackout period? (S 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit ? s of year end See instructi e required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h	X X X X X X X X X X X	Amour	nt	
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(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: 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? 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 or instructions.) 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 If this is an individual account plan, was there a blackout period? (S 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 art VI Pension Funding Compliance 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 benefit n? s of year end See instructi e required n -3	tion Program) lude transactions reported , that was caused by fraud ,	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X X X X X X X X X Chedule SE	3 (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	 0 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 Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instructi e required n -3 ents? (If "Yes	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10a 10b 10c 10d 10d 10e 10f 10g 10h	X X X X X X X X X X X X X X X X X X X	۵ (Form	res 🔀 I	
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.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit ? s of year end See instructi e required n -3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h	X X X X X X X X X X X X X X X X X X X	۵ (Form	/es X	
	 0 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 Fiduce b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instructi e required n -3 ents? (If "Yes om Schedule requirements as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10a 10b 10c 10d 10g 10h 10i plete So or sect ctions, a	X X X X X X X X X X X X X X I I I I I I	B (Form	Yes X I	

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			ust's EIN				