Fo	rm 5500-SF	Short Form Annual Ret		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	_	enefit Plan		_	2013	
	epartment of Labor enefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal R		ctions 6057(b) and 6058			
	enefit Guaranty Corporation	Complete all entries in accordar		,	0-SF.	Ins	spection
Part I	Annual Report Id	lentification Information					
For calend	ar plan year 2013 or fisca			and ending 0	3/31/2	2014	
A This re	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:		e final return/report				
		an amended return/report	hort plan year return	n/report (less than 12 mo	onths	)	
C Check	box if filing under:	Form 5558	tomatic extension			DFVC progra	am
		special extension (enter description)					
Part II		nation—enter all requested information	n				T
1a Name MERCHANT	of plan COMPANY 401(K) PLA	N			1b	Three-digit plan number (PN) ▶	001
					1c	Effective date of	
							/2003
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 84-10	fication Number
218 MAIN S	T. #711				2c	Sponsor's telep 425-45	
KIRKLAND,	WA 98033				2d	Business code 53240	(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN 011191
MERCHANT	COMPANY	218 MAIN ST. #7 KIRKLAND, WA 9			3c		telephone number
name	, EIN, and the plan numb	lan sponsor has changed since the last per from the last return/report.	return/report filed fo	or this plan, enter the		EIN	
· ·	or's name				4c	PN	
		the beginning of the plan year			5a		2
		the end of the plan year			5b		2
comp	lete this item)	count balances as of the end of the plan			5c		2
	•	luring the plan year invested in eligible a ne annual examination and report of an	•	,			🗙 Yes 📘 No
		See instructions on waiver eligibility and					🗙 Yes 🗌 No
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	_
C If the	plan 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/repor	t will be assessed u	unless reasonable cau	ise is	established.	
SB or Sch		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.					
SIGN	Filed with authorized/va	lid electronic signature.	01/05/2015	JOHN MERCHANT			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
STEVEN C		ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	barer's telephone	number (optional) 5-6826
	D AVENUE, SUITE 623						

		(a) Beginning of Year	.		(b) End of Year		
a Total plan assets		547258			559073		
<b>b</b> Total plan liabilities		(	)		0		
C Net plan assets (subtract line 7b from line 7a)		547258	;		559073		
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:							
(1) Employers		18323					
(2) Participants	8a(2)	(					
(3) Others (including rollovers)	8a(3)	(					
b Other income (loss)	8b	-6508	;				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				11815		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	C					
e Certain deemed and/or corrective distributions (see instructions)		C		-			
f Administrative service providers (salaries, fees, commissions)		C					
		C					
g Other expenses		U			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)					11815		
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					11015		
Part IV Plan Characteristics	··· 8j	C					
art V Compliance Questions					_		
<b>0</b> During the plan year:			Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	0,	10a	· · ·				
on mile 10a.j		ude transactions reported	10b	X			
<ul><li>C Was the plan covered by a fidelity bond?</li></ul>		ude transactions reported					
,	s fidelity bond,	ude transactions reported	10b	X			
<ul><li><b>c</b> Was the plan covered by a fidelity bond?</li><li><b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's</li></ul>	s fidelity bond, ther persons by Il of the benefit:	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c	× ×			
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons by Il of the benefit	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d	X X X			
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	s fidelity bond, ther persons b Il of the benefit an?	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10d 10e 10f	x x x x x			
<ul> <li>c Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons by Il of the benefit: an? as of year end.	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e	× × × × ×			
<ul> <li>c Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons by Il of the benefit an? as of year end. V (See instruction the required no	that was caused by fraud an insurance carrier, a under the plan? (See )	10b 10c 10d 10d 10e 10f 10g	×       ×       ×       ×       ×       ×       ×       ×       ×       ×			
<ul> <li>c Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons by Il of the benefit an? as of year end. V (See instruction the required no	that was caused by fraud an insurance carrier, a under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h	×       ×       ×       ×       ×       ×       ×       ×       ×       ×			
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pl</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</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</li> </ul>	s fidelity bond, ther persons by Il of the benefit an? as of year end. (See instruction the required no 01-3	that was caused by fraud (an insurance carrier, s under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X X X X X X dule SB			
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pl</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</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 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 requirement</li> </ul>	s fidelity bond, ther persons by Il of the benefit an? as of year end. ? (See instruction the required no 01-3	that was caused by fraud (an insurance carrier, s under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h 10i Delete Sche	X X X X X X X X dule SB			
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pl</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</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 exceptions to providing the notice applied under 29 CFR 2520.11</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)</li> </ul>	s fidelity bond, ther persons by Il of the benefit an? as of year end. ? (See instruction the required no 01-3 ments? (If "Yes from Schedule	that was caused by fraud (an insurance carrier, s under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X X X X X X Adule SB	Yes		
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pl</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</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 exceptions to providing the notice applied under 29 CFR 2520.11</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)</li> <li>a Enter the unpaid minimum required contribution for current year</li> <li>2 Is this a defined contribution plan subject to the minimum funding</li> </ul>	s fidelity bond, ther persons by I of the benefit: an? as of year end. ? (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements	ude transactions reported that was caused by fraud an insurance carrier, s under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X X X X X X Adule SB	Yes		
<ul> <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' or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pl</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</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 exceptions to providing the notice applied under 29 CFR 2520.11</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)</li> </ul>	s fidelity bond, ther persons by I of the benefit an? as of year end. ? (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicable ing amortized i	ude transactions reported that was caused by fraud an insurance carrier, s under the plan? (See )	10b 10c 10d 10d 10e 10f 10g 10h 10i 0lete Sche or section tions, and	X X X X X X X X X X X 11a 302 of E	RISA? Yes X		

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	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	<b>14b</b> Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	•	or Small Employ	yee	1210-008 1210-008			
Department of the Treasury Internal Revenue Service Benefit Plan Department of Labor Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					2013			
					This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru-	ctions to the Form 550	D-SF.	Inspection			
The second se	dentification Information							
For calendar plan year 2013 or fis		01/2013	and ending		03/31/2014			
A This return/report is for: B This return/report is: C Check box if filing under:	the first return/report tt an amended return/report a	he final return/report	lan (not multiemployer) n/report (less than 12 m	( onths) [	DFVC program			
	special extension (enter description	)						
Part II Basic Plan Infor	mation-enter all requested informat	ion						
1a Name of plan MERCHANT COMPANY 401	L(K) PLAN				Three-digit plan number (PN) > 001			
					Effective date of plan 04/01/2003			
	fress; include room or suite number (em	ployer, if for a single-	employer plan)		Employer Identification Number			
MERCHANT COMPANY					(EIN) 84-1011191			
218 MAIN ST. #711					Sponsor's telephone number			
216 MAIN ST. #/11				-	425-453-8700			
KIRKLAND	WA 98033				Business code (see instructions) 532400			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b Administrator's EIN 84-1011191			
MERCHANT COMPANY			1		Administrator's telephone numbe			
218 MAIN ST. #711					425-453-8700			
KIRKLAND	WA 98033							
	plan sponsor has changed since the last nber from the last return/report.	st return/report nied is	or this plan, enter the	4b 4c				
the second s	at the beginning of the plan year			5a	T			
	at the end of the plan year			5b				
	account balances as of the end of the pla			50				
				5c				
<ul> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>If you answered "No" to elf</li> <li>c If the plan is a defined benefit</li> </ul>	during the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar ther line 6a or line 6b, the plan cannot t plan, is it covered under the PBGC inst to incomplete filing of this return/report	n independent qualifie ad conditions.) t use Form 5500-SF urance program (see	and must instead use ERISA section 4021)? .	PA) Form				
the set of	or incomplete filing of this return/repo er penalties set forth in the instructions,							
	d signed by an enrolled actuary, as well							
	Shuherchant	1-4-15	John Merchant	t				
HERE Signature of plan ad				vidual signing as plan administrator				
	In Merchant	Merchant 1-4-15 John Merchar						
Preparer's name (including firm na Steven Caudle	yer/plan sponsor ame, if applicable) and address; include	Date room or suite numbe			ning as employer or plan sponsor arer's telephone number (optional 206-545-6826			
Conway Jones & Assoc	iates				200-343-0020			
1511 Third Avenue, S	suite 623			000000	the second s			
	WA 98101							

Fo	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		CMB Nos. 1210-011 1210-000	
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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 the Internal Revenue Code (the Code).			e		2013	
					8(a) of This Form is Open to P Inspection			
Ponsion B	Benefit Guaranty Corporation	> Complete all entries in acc	ordance with the instruct	tions to the Form 550	0-SF.	ins	spection	
Part I	Annual Report	Identification Information						
For calence	dar plan year 2013 or fis	the local design of the second s	04/01/2013	and ending		03/31/201	4	
A This re	tum/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan	
B This re	stum/report is:	the first return/report	the final return/report			_		
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	ē.,		
Check	box if filing under:	X Form 5558	automatic extension		0.000	DFVC progra	eme	
GIRGER	box in nang anoar.	special extension (enter descri	<b>u</b>		2			
Deef II	Desis Diss Info							
Part II		rmation—enter all requested info	mauon		16	Three-digit	1	
a Name of plan MERCHANT COMPANY 401(K) PLAN						plan number		
ALAN COLOR	and contraint io.	()				(PN) 1	001	
						Effective date of 04/01/2003		
a Plan a	sponsor's name and add	dress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Ident	fication Number	
ERCHA	INT COMPANY				(EIN) 84-1011191			
	999999999 <u>1</u> 24489				2c	Sponsor's telep	hone number	
218 MA	IN ST. #711					425-453-8		
					2d		(see instructions)	
IRKLA	and the second se	WA 98033			-	532400		
a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					30	Administrator's 84-101119		
(ERCHA	INT COMPANY				3c	the second residences and the second s	telephone numb	
						425-453-8		
218 MA	IN ST. #711				· · ·	100 100 0		
		845 T 122 T 12			1			
KIRKLA	ND	WA 98033						
		plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b	EIN		
		nber from the last return/report.			40	DAL		
	sor's name	at the beginning of the plan year				PN		
2 22 2								
		at the end of the plan year			5b			
		account balances as of the end of th			5c			
		during the plan year invested in eli				1	X Yes	
b Are y unde If you	rou claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei	the annual examination and report ? (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca it plan, is it covered under the PBG0	of an independent qualifie ity and conditions.) annot use Form 5500-SF	d public accountant (IQ and must instead use	PA) Form	5500.	Yes []	
aution:	A penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is	established.		
B or Sch	alties of perjury and oth edule MB completed an true, correct, and comp	her penalties set forth in the instruct of signed by an enrolled actuary, as date.	ions, I declare that I have well as the electronic ven	examined this return/rep sion of this return/report	port, in I, and t	cluding, if applic to the best of my	cable, a Schedule / knowledge and	
IGN		Shuherchant	1-4-15	John Merchant	1			
	Signature of plan a		Date	Enter name of individ	vidual signing as plan administr		ministrator	
IERE	the second se	In Merchant	1-4-15	John Merchant				
	10	the later of the l	Date	Enter pame of individ	e of individual signing as employer or plan sp			
IGN		verinlan snopsor	1 1.46910		west 264	prote da uniprovi	or or priori aponac	
IGN IERE Teparer's	Signature of employ	yer/plan sponsor ame, if applicable) and address; inc	lude room or suite numbe		_			
Steven Conway	Signature of emplo	ame, if applicable) and address; inc	dude room or suite numbe		_	arer's telephone		
SIGN HERE Preparer's Steven Conway	Signature of employ sname (including firm n caudle Jones & Assoc hird Avenue, S	ame, if applicable) and address; inc	dude room or suite numbe		_	arer's telephone	s number (optiona 5–6826	