Form	5500-SF	Short Form Annu			oyee	(OMB Nos. 1210-0110 1210-0089
	nt of the Treasury Revenue Service	This form is required to be fil	Benefit Plai		etirement		2015
Employee Benefit	ment of Labor s Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection
	• •	 Complete all entries in lentification Information 		structions to the Form 5	500-SF.		-
		al plan year beginning 01/01/		and ending 1	2/31/2015		
A This return,	/report is for:	a single-employer plan		er plan (not multiemployer) employer information in ad		0	
B This return/	report is	the first return/report an amended return/report	the final return/repo	ort sturn/report (less than 12 m	onths)		
C Check box	if filing under:	Form 5558	automatic extensio		_	FVC progra	am
		special extension (enter desc					
1a Name of p	lan	nation—enter all requested in			1b Three	U	
MERCENT CO	RPORATION 401(K)	PROFIT SHARING PLAN & TF	RUST		(PN)		001
					1c Effect	ive date of 01/01	•
Mailing ad	dress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		ostructions)	(EIN)	20-20	cation Number 99054
MERCENT COR					2c Spons	sor's teleph 206-44	one number 8-2800
2701 1ST AVE S	STE 500	1633 W	ESTLAKE AVE N		2d Busine	ess code (s	ee instructions)
SEATTLE, WA 9	8121-1179	SEATTI	E, WA 98109			54151	19
3a Plan admi	nistrator's name and	address XSame as Plan Spor	isor.		3b Admir	nistrator's E	IN
					3c Admir	nistrator's te	lephone number
		lan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN		
name, Ell a Sponsor's	•	er from the last return/report.			4c PN		
5a Total num	ber of participants at	the beginning of the plan year.			5a		102
		the end of the plan year			5b		102
		count balances as of the end o			5c		16
.,		cipants at the beginning of the p			5d(1)		91
		cipants at the end of the plan ye rminated employment during th			5d(2) 5e		91
		incomplete filing of this retu				lished.	0
Under penaltie SB or Schedul	s of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applica	
SIGN File		lid electronic signature.	09/01/2016	ERIC BEST			
	ignature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator
SIGN HERE S	ignature of employe	er/plan sponsor	Date	Enter name of individ	lual sianina a	s emplover	or plan sponsor
		ne, if applicable) and address (nclude room or suite nur		Preparer's		
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see t	ne instructions for Form 5	500-SF.		F	orm 5500-SF (2015)

	Form 5500-SF 2015		Page Z							
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	Are you claiming a waiver of the annual examination and report of		c accountant (IQPA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	,						X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann					_			7	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	J21)?.		Yes	No	Not determined	
Pa	rt III Financial Information	1								
7	Plan Assets and Liabilities	(a) Beginning	ng of Year (l of Year		
<u> </u>	Total plan assets	7a		2156		_			709034	
-	Total plan liabilities	7b			0	_			0	
	Net plan assets (subtract line 7b from line 7a)	7c		2156	665	_			709034	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt		_		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		15	053					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		31	663					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46716	_
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		1490		_				
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g		4	123	_			4 40 40 47	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1494347	
-	Net income (loss) (subtract line 8h from line 8c)					_			-1447631	
-	Transfers to (from) the plan (see instructions)	8j			0					
	t IV Plan Characteristics			~						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	teature co	des from the list of Pla	an Cha	racteris	stic Co	aes in 1	ine instru	ictions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instruc	tions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	•				х				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				
	reported on line 10a.)	•		10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		x					
е			100							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g	Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
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	VI Pe	nsion Funding Compliance				
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scheo d line 11a below)	lule SB	(Form	Yes	X No
11a	Enter the	e unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a	defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

10j

Did the plan trust incur unrelated business taxable income?

j

Form 5500-SF 2015

Page 3 - 1

 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
e 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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

неве	Signature of employ	er/plan sponsor		əte		Enter name of individu	ipis leul	ievolame za prii	r or plan sponsor
NƏIS				015	_	Enter name of individu		עווא מס לאמע ממנו	IOIBBEILIII
HEKE <	Signature of plan ac			2/1/2 ate		EQ.12		TZ JZT	- 2012 - 11 - 11 - 11 - 11 - 11 - 11 - 1
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чот (2)b	al number of active part	cipants at the end of the plan year.		••••••			S)bč		16
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	ponsor's name and add	ress; include room or suite number	oer (emple	કા, if for a	ıə-ə	mployer plan)		≣mployer Identif	ication Number 99064
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VERCENT (ИОПАЯОЧЯОЗ							(bN) ▶ bisn number	100
ameN B1	of plan							Three-digit	
Part II	Basic Plan Infor	mation—enter all requested info	noitemnofr						
	:əəpun bullif il xoo	special extension (enter descrip	(noitqina						
14-40 0		Form 5558	tus 🗌	iatic exter]		u
		an amended return/report	s e 🗌	av neiq r	/uJn	/report (less than 12 m	(รนานอน		
B This ret	urn/report is:	the first return/report		al return/					
		ri ∐ a one-participant plan		uejd uß					
M I Vis retu	inn/report is for:					er information in accor			
-	ar plan year 2015 or fis	a single-employer plan	1/2012	lqmə-əlqi	plar	and ending (not multiemployer) (12/31/2 (Filers of		x must attach a list
Part I		dentification Information				- nging has	61 + 61 6 +	310	
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crowerse:	nal Revenue Service	This form is required to be f Retirement Income Security Ad						7	910
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			No.						1210-0089

Form 5500-SF (2015	.FS-0055	moF not enotionation for Form	vork Reduction Act Notice and OMB Control Numbers, see	For Papery
Preparer's telephone number			anee (including firm name, if applicable) and address	Preparer's
ne of individual signing as employer or plan sponsor	Enter nam	Date	Signature of employer/plan sponsor	HEKE SIGN
re of individual signing as plan administrator	nsn retna	Date	Signature of plan administrator	неке

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e you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	91297						9C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
Performance				83	3166		98	Other income (loss)	(
Percent of the annual examination and report of an independent qualified public accountant (IQPA) ∑ Yes				0	1		8a(3)	(3) Others (including rollovers).	
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Form 5500-3F 2015 F 2015 Page 2 Page	и ∏ sə∧ 🛛 🛛					(.snoitounteni ee	e sasets? (Se	Were all of the plan's assets during the plan year invested in eligibl	3

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

118 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40.

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Form 5500-SF 2015

retired), as required under section 401(a)(9)?

(if "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

b Enter the minimum required contribution for this plan year.

Year	VeQ	dtnoM		************************************		the waiver	gränkng	
ate of the letter ruling	b enter the d	year, see instructions, an	nelq sint ni besihoms pried	for a prior year is I	bisbristic griboutin	numinim edt to tex	view s ti	8
 ······································			iow' as abbicapies)	19/1 971 DUP '071 '	71 1071 SAULIO P	zt eutreneiduloo	'sai in	

	13P		B Enter the minimum required contribution for this plan year.
		and skip to line 13.	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),
Year	_ Day _		granting the waiver.
 prittin retter ruling 	di haine ,	bian year, see instructions, and	It a waiver of the minimum funding standard for a prior year is being amonized in this

on 🕅 sey 🗌	putro	D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the content of the PRGC2
0	e£1	If "Yes," enter the arrount of any plan assets that reverted to the employer this year
		Stasy nalq yns ni befoloe need nald sin plan year?
		Part VII Plan Terminations and Transfers of Assets
A\N 0 0N 259Y 0		Sentine and the minima and the table on the 12d be the function of the functio
	15q	b 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)
	1 SC	C Enter the amount contributed by the employer to the plan for this plan year

	NI∃ s‡sni£ d⊅l	taunt to	ameN 641
		Trust Information	
13c(3) hN(8)	13c(2) E1N(s)	Name of plan(s):	136(1)

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.)

AI XI Mare	IRS Compliance Questions	
		telephone number
14C Name of th	trustee or custodian	a'natiotates's or custodian's
nt to ame N 641	taurt i	NI∃ s'taurt d ≯r

A\N □ 0	IN 🗍	səY 🗌	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	07	
		61	inoms teine ", sey" it		
O	אי 🗌 אי	səy 🗌	Were in-service distributions made during the plan year?	61	
0	۱ <u>[</u>	səy 🗌	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	81	
If the plan is an individually-designed plan and received a favorable determination letter from the iRS, enter the date of the plan's last favorable determination letter					
C If the pian sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter					
snotounteni	əəS) ət	icsble coo	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the application tax law changes and codes).	qZI	
∀/N	ı 🗍	səy 🗌	i Has the pian been timely amended for all required tax law changes?	s71	
οN	τ <u>[]</u>	səY 🗌) Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	d91	
Average benefit test	entage	Perce perce perce	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	e91	
ÓN	ı []	səY 🗌	: If the ADP/ACP test is used, did the 401 (k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401 (k)-2(a)(2)(ii) and 1.401 (m)- 2(a)(2)(ii))?	29t	
test ADP/ACP	or or	jesed based harbid ham	۲ "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ((۵) and 401(m) f0 and employer (۵) how does the 401(k) (۵) and 401(m) f0.	qsı	
0N	ı 🗋	səY []	i is the plan a 401(k) plan?	eg į	