Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calend	ar plan year 2012 or fi	iscal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012				
	turn/report is for:	a single-employer plan		plan (not multiemployer)	ver) a one-participant plan					
B This re	turn/report is:	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year retu	irn/report (less than 12 mo	onths)	_				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name					1b	Three-digit				
	A RETIREMENT PLAN	N				plan number				
						(PN) ▶	001			
					1c	Effective date o	•			
						10/01				
2a Plan s		ddress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 71-10	fication Number 23648			
					2c	Sponsor's telep	hone number			
	ERN AVE., SUITE 10	00				206-85	6-1524			
SEATTLE, \	WA 98104				2d	Business code 61100	see instructions)			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN			
					30	Administrator's	telenhone number			
						3c Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						4b EIN				
	•	mber from the last return/report.			4c PN					
	or's name					PN T				
		s at the beginning of the plan year			5a		32			
b Total	number of participants	s at the end of the plan year			5b		42			
		account balances as of the end of t	. , ,	•	5c		22			
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instru	uctions.)			X Yes No			
_	•	of the annual examination and repor	•	· · · · · · · · · · · · · · · · · · ·						
		? (See instructions on waiver eligib	•				X Yes No			
If you	ı answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.				
		or incomplete filing of this return								
		ther penalties set forth in the instruc								
	edule IVIB completed a true, correct, and com	and signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/report	i, and i	to the best of my	knowledge and			
		'	1	1						
SIGN	Filed with authorized	/valid electronic signature.	05/24/2013	JAN DEBELL						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individua						ning as employe	r or plan sponsor			
Preparer's		name, if applicable) and address; in	clude room or suite numb				number (optional)			

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities	Par	t III Financial Information										
a Total plan isabilities. 7 b Total plan isabilities. 7 b Total plan isabilities. 7 b Total plan isabilities. 7 c 123506 310526 8 Income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total a Contributions received or rescubible form: (1) Employers. 8 at (1) (2) Participants. 8 at (2) 194298 (3) Others (including ollevers). 8 b Other including ollevers (a) B Other including ollevers). 8 b Other including ollevers (b) B Other including ollevers). 8 b Other including ollevers (b) B Other including ollevers). 8 b Other including ollevers (b) B Other including ollevers). 8 b Other including ollevers (b) B Other including ollevers). 8 c Total income (add lines 8at'), 8a(2), 8a(3), and 8b). 8 c 28785 (b) C Total income (add lines 8at'), 8a(2), 8a(3), and 8b). 8 c 28785 (c) C Total income (add lines 8at'), 8a(2), 8a(3), and 8b). 9 c Other expenses. 9 g Other expenses. 9 g Other expenses (add lines 8d, 8e, 8f, and 8g). 1 Not income (adds) (subtract line 8th film line 8b). 8 l 124356 (c) C Total income (add lines 8d, 8e, 8f, and 8g). 1 Not income (adds) (subtract line 8th film line 8b). 8 l 1857020 (c) Total (subtract line 8th film line 8b). 8 l 1857020 (c) Total (subtract line 8th film line 8b). 9 g If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 8 c 20 2 2 2 2 2 3 2 3 0 0 0 0 0 0 0 0 0 0				(a) Beginning of Yea	ar			(b) End of Year				
b Total plan liabilities.			(7, 3, 3,									
C Net plan assess (subtract line 7b from line 7a). 7c 123506 310526 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or rescribiblis from: (1) Employers (2) Participoptis (3) Offices (including rollowers) (84(1) (3) Participoptis (3) Offices (including rollowers) (84(3) 83233 (3) Offices (including rollowers) (3) Offices (including rollowers) (84(3) 83233 (3) Offices (including rollowers) (84(3) 83233 (3) Offices (including rollowers) (84(3) 83233 (3) Offices (including rollowers) (84(3) 84(2) 84(3) (3) Offices (including rollowers) (84(3) 84(3) (
8 Income. Expenses. and Transfers for this Plan Year 8 Contributions received and revealed from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Septiments. (5) Participants. (5) Participants. (6) Total income (loss). (6) Septiments. (7) Employers. (8) Septiments. (9) Septime		·		12350)6			310526				
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Expendition (including rollowers). (5) Other income (loss). (6) Other income (loss). (7) Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). (8) Benefits paid (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (8) Expendition (including direct rollowers and insurance premiums to provide benefits. (9) Expendition (including direct rollowers and insurance premiums to provide benefits. (9) Expendition (including direct rollowers and insurance premiums to provide spendition (including displayers). (9) Expendition (including displayers). (1) Final expenses (add lines 8d,												
(2) Participants.		·		(u) Amount				(0)				
(3) Others (including rollovers)		(1) Employers	8a(1)									
b Other income (loss)		(2) Participants	8a(2)	19429	98							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	8828	33							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 124356	b	Other income (loss)	8b	2879	95							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	311376	6	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	12435	6							
g Other expenses (add lines add. 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							124350	6	
Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics			8i							187020)	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2J 2K 2K 2T 3D		, , ,	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
Description The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 100		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions):		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	b		eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Dowt	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				V	NI-	I				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tiono withi	n the time period described in	I	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							X					
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.)	С	Was the plan covered by a fidelity bond?			10c	X					30	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See	10-	X					0	700
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·					· ·				2	132
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		has the plan falled to provide any benefit when due under the plan	n?		10f		^					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
Part VI Pension Funding Compliance 11 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)	h	• •	•		10h		X					
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)	i											
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)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
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 No (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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12								No			
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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
	b	b Enter the minimum required contribution for this plan year										

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	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?		Yes 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 of the PBGC?	control	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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	14b ⊤	rust's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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(a) of the Internal Revenue Code (the Code).

2012

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		enetil Guaranty Corporation	▶ Complete all entries in	accordance with the instruc	tions to the Form 550	0-SF.	Ins	spection		
	art I		dentification Informatio	n						
_For	calend	ar plan year 2012 or fisc		01/2012	and ending	12/31,	/2012	-		
Α	This re	s return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
В	This ret	This return/report is: the first return/report the final return/report								
			an amended return/report	a short plan year return	/report (less than 12 m	onths)			
С	Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
	3-200		special extension (enter de				— : =			
	art II		mation—enter all requested	information						
	Name					1b	Three-digit			
LIVE	MOCH	A RETIREMENT PLAN					plan number	001		
						4 -	(PN) •			
						10	Effective date o 10/01/2			
2a LIVE	Plan s MOCH	ponsor's name and addr A, INC.	ress; include room or suite nun	ber (employer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
							(EIN) 71-102			
12-2-20						2c	Sponsor's telep			
1011	1 WEST	ERN AVE., SUITE 1000)			24	(206) 85			
		NA 98104				Zu	Business code (
3a	Plan a	dministrator's name and	address X Same as Plan Spo	nsor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
						2-				
						36	Administrator's t	elephone number		
	30 V · ·									
4	If the r	name and/or EIN of the p	plan sponsor has changed sinc per from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b	EIN			
а		or's name	ber from the last return report.			4c	PN	-		
5a	Total r	number of participants a	t the beginning of the plan yea			5a		32		
b	Total r	number of participants a	t the end of the plan year			5b		42		
C	Numb	er of participants with ac	count balances as of the end	of the plan year (defined bene	fit plans do not	0.000				
60						5c		22		
6a b	Are vo	all of the plan's assets t	during the plan year invested in ne annual examination and rep	eligible assets? (See instruct	ions.)	*******	•••••••	X Yes No		
~	under	29 CFR 2520.104-46? (See instructions on waiver elig	ibility and conditions.)	d public accountant (IQI	PA)		X Yes No		
	If you	answered "No" to eith	ner line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	X Yes No		
Cau	ıtion: A	penalty for the late or	incomplete filing of this retu	ırn/report will be assessed u	ınless reasonable cau	se is	established			
Und	ier pena	alties of perjury and other	er nenalties set forth in the insti	rections I declare that I have	and the second state of the second			able a Schedule		
	0. 000	dule MB completed and rue, correct, and comple	bigined by an enfolied actually	, as well as the electronic vers	ion of this return/report	and	to the best of my	knowledge and		
DOI	01, 1010	Tue, correct, and comple	A				263			
SIG	TEACH TO THE	x Jun De	Bell	15/20/2013	Jan DeBr	ell	994.00			
HE	XE	Signature of plan adr	ministrator	Date /	Enter name of individu	ıal sig	ning as plan adm	inistrator		
SIG										
HERE Signature of employer/plan sponsor Date Enter name of individual sign							ning as employe	or plan engage		
Pre	parer's	name (including firm nar	me, if applicable) and address;	include room or suite number	(optional)	Prep	arer's telephone	number (optional)		
								(-1-20101)		
					ŀ					

Pa	rt III Financial Information	100							
7	Plan Assets and Liabilities (a) Beginning of Ye						(b) End of Year		
_ a	otal plan assets				310526				
b	Total plan liabilities								
_ c	Net plan assets (subtract line 7b from line 7a)	7c	12350	06			310526		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	, ,		1		(b) Total		
	(2) Participants		19429	18		-	**		
-	(3) Others (including rollovers)		8828						
b	Other income (loss)		2879		_				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2510		\top		0.110-0		
d					100		311376		
721	lo provide benefits)	8d	12435	6					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7043418	124356		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	81					187020		
	Transfers to (from) the plan (see instructions)	8j				90.2			
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	the instructions:		
b	2E 2G 2J 2K 2T 3D						Towns and the second se		
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cleris	lic Coo	des in	the instructions:		
Par	t V Compliance Questions								
10	During the plan year:			i	I., -	T			
a	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Con	rection Program)	10a	ŀ	х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х			
C	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 or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x	30000		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person	s by an insurance carrier,		x				
f				10e	_	90	2732		
g	CONTRACTOR OF A CONTRACTOR OF			10f		X			
h	Control of the Contro	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	10h		X	-		
Part		1-0.,,,,,,		10i		-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule Si	3 (Form		
11a	Enter the amount from Schedule SB line 39					11a	Yes No		
12	2 Is this a defined contribution plan subject to the minimum funding requirement of a structure of the struc								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	no amortiz	ed in this plan year, see instru	ctions,	and e	nter th			
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b			
	The state of the s					committee.			

0	Form 5500-SF 2012 Page :	3 - 1				
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 negative amount)	minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline			Yes	No	□ N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X N	0	317
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anot of the PBGC?	ther plan, or brought under the	control		☐ Ye	s 🛭 No
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	her plan(s), identify the plan(s)	lo	at contract to		<u> </u>
1	3c(1) Name of plan(s):	1	3c(2) E	IN(s)	13cf	3) PN(s)
					1	
Γ						
Part	VIII Trust Information (optional)					

14b Trust's EIN

14a Name of trust