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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

				ccordance with the instruc				
Р	art I	Annual Report	Identification Information	1				
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	1/2012	and ending	12/31/2	2012	
Α	This ret	urn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	ant plan
В	This ret	urn/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 b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter desc	cription)				
P	art II	Basic Plan Info	rmation—enter all requested in	nformation				
	Name					1b	Three-digit	
ENV	ISION R	ESPONSE RETIREM	ENT PLAN				plan number	
							(PN) •	001
						1c	Effective date of	•
20	Diaman		de la Carlo de la caración de la car	/		Ole	01/01/	
		consor's name and add RESPONSE, INC.	dress; include room or suite numb	per (employer, if for a single-	employer plan)	20	Employer Identif (EIN) 74-308	
						20	Sponsor's teleph	nono numbor
2151	I NI NOF	RTHLAKE WAY, SUIT	F 100			20	206-547	
		VA 98103	_ 100			2d	Business code (see instructions)
							54180	
3a	Plan a	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
						30	Administrator's t	olophono numbor
						30	Administrator S t	elephone number
4	If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	r this plan anter the	4h	FINI	
-			b plan sponsor has changed since mber from the last return/report.	the last return/report filed to	i triis piari, eriter trie	40	EIN	
а		or's name	· 			4c	PN	
5a	Total r	number of participants	at the beginning of the plan year.			5a		3
b	Total r	number of participants	at the end of the plan year			5b		3
С			account balances as of the end of		-	5c		3
6a		,	s during the plan year invested in			1		X Yes No
b			the annual examination and repo					
			? (See instructions on waiver eligi					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this retur	rn/report will be assessed u	unless reasonable cau	use is	established.	
			ner penalties set forth in the instru					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary,	as well as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
		rue, correct, and como						
Dei	iet, it is t							
SIC			valid electronic signature.	06/11/2013	SEAN K. FAY			
SIG			valid electronic signature.	06/11/2013 Date	SEAN K. FAY Enter name of individ	lual sig	gning as plan adm	ninistrator
SIC	SN RE	Filed with authorized/	valid electronic signature.			lual sig	gning as plan adm	ninistrator
SIC	SN RE	Filed with authorized/	valid electronic signature. dministrator	Date	Enter name of individ			
SIC HE	GN RE GN RE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
SIC HE	GN RE GN RE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator	Date Date	Enter name of individ	lual sig	ning as employe	
SIC HE	GN RE GN RE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
SIC HE	GN RE GN RE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
SIC HE	GN RE GN RE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Ye	ar		
	Total plan assets	7a	5891				(2) =:::	. 0	4390	5	
	Total plan liabilities	7b		-							
	Net plan assets (subtract line 7b from line 7a)	7c	58911						43905	5	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	428	81							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4281		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1928	37							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19287	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-15000	6	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,	L		·						
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instruc	tions:			
Part	V Compliance Questions										
	•				Vac	No					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono with:	n the time period described in	<u> </u>	Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-		X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X					17	676
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 Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ιп	Yes	П	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of	the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
b	Enter the minimum required contribution for this plan year					12b					

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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

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).

Short Form Annual Return/Report of Small Employee

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Inform	ation		
For calend	ar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending 12/	31/2012
A This ret	urn/report is for: X a single-employer plar	a multiple-employer plan ((not multiemployer)	a one-participant plan
	urn/report is: the first return/report	the final return/report	(a one participant plan
	an amended return/rei	· · · · · · · · · · · · · · · · · · ·	aport (loss than 12 mant	1k-1
C Charles	H .		port (less that 12 mont	
C Check		automatic extension		DFVC program
B (11	special extension (ent			
Part II	Basic Plan Information—enter all reque	sted information		
1a Name	ompa (■ 100 mg + 10		1	b Three-digit
ENVISION	RESPONSE RETIREMENT PLAN			plan number (PN) ▶ 001
				C Effective date of plan
			'	01/01/2005
2a Plan s	ponsor's name and address; include room or suite	e number (employer, if for a single-emp	ployer plan) 2	2b Employer Identification Number
ENVISION I	RESPONSE, INC.			(EIN) 74-3086963
			2	2c Sponsor's telephone number
2151 N. NO	RTHLAKE WAY, SUITE 100			(206) 547-5642
			2	2d Business code (see instructions)
SEATTLE,		·		541800
3a Plan a	dministrator's name and address XSame as Pla	n Sponsor Name Same as Plan Sp	ponsor Address 3	Bb Administrator's EIN
			h	C Administrator's telephone number
			1.5	Administrator's telephone number
	Contractor of the Contractor o	35.444.		
4 If the	name and/or EIN of the plan sponsor has change	d since the last return/report filed for th	his plan, enter the	b EIN
	, EIN, and the plan number from the last return/re or's name	port.		In the
	number of participants at the beginning of the pla	n vear		IC PN
				5a 3
	number of participants at the end of the plan year			5 b 3
C Numb comp	er of participants with account balances as of the lete this item)	end of the plan year (defined benefit p	plans do not	5c 3
	all of the plan's assets during the plan year inves			X Yes No
b Are ve	ou claiming a waiver of the annual examination a	nd report of an independent qualified pr	public accountant (IOPA	y
under	29 CFR 2520.104-46? (See instructions on waiv	er eligibility and conditions.)		X Yes No
	answered "No" to either line 6a or line 6b, th			
Caution: A	A penalty for the late or incomplete filing of th	s return/report will be assessed unle	less reasonable cause	is established.
Under pen	alties of perjury and other penalties set forth in the	e instructions, I declare that I have exa	amined this return/repor	t, including, if applicable, a Schedule
belief, it is	true, correct, and complete.	stadily, as well as the electronic version	n or this returniteport, a	nd to the best of my knowledge and
		1/6/12/-2		
SIGN HERE	* S	16/10/2013 x	I SEAN K. F	AY
HERE	Signature of plan administrator	Date E	Enter name of individual	signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date E	Enter name of individual	signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and ad	dress; include room or suite number (o	optional) P	reparer's telephone number (optional)
(2)		, and 1	00 53	(

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	58911	1			43905
b_	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	58911	1			43905
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	428	1			
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4281
	Benefits paid (including direct rollovers and insurance premiums	64	4000	a	11.00		
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	19287		+		
W 2017		8e 8f			+-		
1.5	Administrative service providers (salaries, fees, commissions)				┰		-
	Other expenses	8g			-		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19287
	Net income (loss) (subtract line 8h from line 8c)	8i			-		-15006
	Transfers to (from) the plan (see instructions)	8j	l				
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cor	les from the List of Plan Chara	rtariet	ic Cod	es in ti	no inclusione:
~	in the plant provides wellare periodic, onto, the applicable wellare	outuro occ	and the block of their original	3101131	IC 000	cs III ti	ie iristructions.
Part						-	No. of the second secon
10	During the plan year:	•			Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		×	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		×	
C	Was the plan covered by a fidelity bond?			10c		х	Na
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all						7,50
	instructions.)		CONTRACTOR AND SERVICE AND ADDRESS OF THE PROPERTY OF THE PROP	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х		17676
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Parl	VI Pension Funding Compliance						<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see instructions and con	nplete	Sched	dule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			11a	
12	Is this a defined contribution plan subject to the minimum funding	g requirem	nents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			Inverte			
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver.				, and	enter th Day	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	orm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		······			12b	

	Form 5500-SF 2012 Page 3 - 1	=			
	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		Andrew Control	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	e 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(which assets or liabilities were transferred. (See instructions.)	s) to			
•	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
50.0			V		=
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		1170