For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	/ee		OMB Nos. 12 12	210-0110 210-0089			
	tment of the Treasury nal Revenue Service	d 1005 of the Employed	_	2	2012						
	partment of Labor enefits Security Administration	nd 4065 of the Employee tions 6057(b) and 6058 ode).		This Form is Open to Public							
Pension Be	Pension Benefit Guaranty Corporation Inspection Inspection										
Part I		entification Information									
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012					
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan				
B This return/report is:											
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	1					
C Check b	box if filing under:	Form 5558	utomatic extension		DFVC program						
special extension (enter description)											
Part II	Basic Plan Inform	nation—enter all requested informati	on								
1a Name					1b	Three-digit					
	TECHNOLOGIES RETIR	REMENT PLAN				plan number					
						(PN) 🕨	001				
					1c	Effective date of 01/01/	•				
2a Plan sp VOICEBOX	oonsor's name and addre TECHNOLOGIES, INC.	ess; include room or suite number (emp	bloyer, if for a single-e	employer plan)	2b	Employer Identit (EIN) 91-21	fication Nun 67512	nber			
	24TH ST., SUITE 100				2c	Sponsor's telephone number 425-968-7910					
BELLEVUE,	WA 98005				2d	Business code (see instructions) 541519					
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator's EIN						
						Administrator's t					
		lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN					
name, a Sponso		er from the last return/report.			4c	DN					
		the beginning of the plan year						100			
		0 0 1 1				5a 100					
		the end of the plan year			5b			95			
		count balances as of the end of the pla			5c			50			
		uring the plan year invested in eligible				•	X Yes	No			
	•	e annual examination and report of an		,							
		See instructions on waiver eligibility an					X Yes	No			
		er line 6a or line 6b, the plan cannot									
	· · · ·	incomplete filing of this return/report									
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.									
SIGN	Filed with authorized/va	lid electronic signature.	06/28/2013	TODD J. KENCK							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sic	ning as plan adn	ninistrator				
SIGN											
HERE	Signature of employe	r/nlan ananaar	Dete	Entor nome of individu				oncor			
Preparer's	Signature of employe name (including firm nan	ne, if applicable) and address; include	Date room or suite number	Enter name of individu		parer's telephone					
	, c							,			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(k	o) End of Year
a Total plan assets	. 7a	195912	8			2377961
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	195912	8			2377961
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)					
(1) Employers	. 8a(1)	39740	2			
(2) Participants	. 8a(2)			_		
(3) Others (including rollovers) b Other income (loss)	. 8a(3)	23131 26629				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b . 8c	20029				805040
d Benefits paid (including direct rollovers and insurance premiums	. 00					895012
to provide benefits)	. 8d	47617	9			
e 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					476179
i Net income (loss) (subtract line 8h from line 8c)	. 8i					418833
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Correc	tion Program)	10a		x	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	`	•	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		237796
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e	x		15540
${f f}$ Has the plan failed to provide any benefit when due under the pla	ın?		10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10q	Х		93039
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 t 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 requiren 5500) and line 11a below)						
					11a	
11a Enter the amount from Schedule SB line 39						
		s of section 412 of the Code	or se	ction :	302 0I ERI	SA? Yes X No
 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	requirement		e or se	Ction .		SA? Yes X No
	requirement , as applicabl ng amortized	e.) in this plan year, see instruc	ctions			
 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a prior year is be	g requirements , as applicabl ng amortized	e.) in this plan year, see instruc Mon	ctions		enter the d	ate of the letter ruling
 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei granting the waiver. 	g requirementa , as applicabl ng amortized le MB (Form	e.) in this plan year, see instruction Mon 5500), and skip to line 13.	ctions th	, and e	enter the d	ate of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	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		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," 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?					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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual Ret		f Small Employ	/ee	1	OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	Be This form is required to be filed un	nefit Plan	d 4065 of the Employee	-	2	012
	artment of Labor nefits Security Administration	Retirement Income Security Act of 19	74 (ERISA), and sec	tions 6057(b) and 6058	a) of	s Open to Public	
	efit Guaranty Corporation	Complete all entries in accordan	an entration of the second second second	a percentaria)-SF.		pection
Part I	Annual Report Id	entification Information	2 <u>2000</u>			····	
60 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				and ending 1 an (not multiemployer)	2/31/		
B This retu			e final return/report	an (not multiemployer)		a one-particip	ant plan
	on and the second s	f	(¹)	/report (less than 12 mo	onths)		
C Check be	ox if filing under:] Form 5558 [] au	tomatic extension			DFVC progra	m
B (1)	D. J. Disc. 1.4	special extension (enter description)					
Part II 1a Name o		nation—enter all requested informatio	<u>n</u>		11	-	
	FECHNOLOGIES RETI	REMENT PLAN			(ID	Three-digit plan number	
					4	(PN)	001
					1¢	Effective date of 01/01/2	
2a Plan sp VOICEBOX 1	onsor's name and addre FECHNOLOGIES, INC.	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 91-216	
11980 N.E. 2	4TH ST., SUITE 100				2c	Sponsor's telepl (425) 968	
BELLEVUE,	10/0 08005				2d	Business code (541519	
		address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's E	
			_				
						Addition of the test of test o	elephone number
0							
4 If the name.	ame and/or EIN of the p EIN, and the plan numb	plan sponsor has changed since the last per from the last return/report.	relurn/report filed fo	r this plan, enter the	4b	EIN	
a Sponso	r's name				4c	PN	
		t the beginning of the plan year		 The children is considered and the state of the state of	5a		100
		t the end of the plan year count balances as of the end of the plan		222//2010	5b		95
comple	te this item)	count balances as of the end of the plan	i year (defined bene	fit plans do nol	5c		50
6a Were a	all of the plan's assets o	during the plan year invested in eligible a	assets? (See instruct	ions.)	••••		X Yes No
D Are you under 2	u claiming a waiver of th 29 CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility and	independent qualifie conditions.)	d public accountant (IQF	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 I	Form	5500.	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.	
SB or Sched	dule MB completed and one dule Correct, and completed rue, correct, and completed and completed and completed and completed and completed and one and and and	er penallies set forth in the instructions, I signed by an enrolled actuary, as well ate.	declare that I have a as the electronic vers	examined this return/rep sion of this return/report,	ort, in and f	icluding, if application to the best of my	ible, a Schedule knowledge and
SIGN	×5 /ard 1	tuck	16/20/2013	x1 Todd J. le	len	r K	
HERE	Signature of plan ad	ministrator	Date	Enter name of individu		a state of the second state of the	inistrator
SIGN					di dig	ning as plan adm	
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employer	or plan sponsor
Preparer's r	name (including firm na	me, if applicable) and address; include r	oom or suite number	(oplional)	Prep	arer's telephone	number (optional)
				-			www.enternation.com
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.		F	orm 5500-SF (2012)

Form 5500-SF 2012

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Page 2

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	an Assets and Liabilities (a) Beginning of Ye					(b) End of Year	
а	Total plan assets	7a	195912					
	Total plan liabilities	7b		- <u>v</u>	1		2377961	
C	Net plan assets (subtract line 7b from line 7a)	7c	195912	28			2377961	
8	Income, Expenses, and Transfers for this Plan Year		+		(b) Total			
а	Contributions received or receivable from:							
<u> </u>	(1) Employers				-			
<u></u>	(2) Participants	8a(2)	39740)3				
	(3) Others (including rollovers)	8a(3)	23131	8	_			
	Other income (loss)	8b	26629)1			- The second second second	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	efits paid (including direct rollovers and insurance premiums					895012	
u	to provide benefits)	8d	47617	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e	4/01/	9	-			
	Administrative service providers (salaries, fees, commissions)	8f		-	-			
	Other expenses	8g			-	din di second		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	-5 8h				121		
	Net income (loss) (subtract line 8h from line 8c)	8i					476179	
	Transfers to (from) the plan (see instructions)	8i					418833	
Pa	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	actori		don in	the instance it	
	2E 2G 2J 2K 3D 21							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	ic Coo	les in t	he instructions:	
Par								
10	Test NO Amount							
	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)							
a	Were there any nonexempl transactions with any party-in-interest on line 10a.)	? (Do nol i	nclude transactions reported	10b		x		
C	Was the plan covered by a fidelity bond?			10c	х			
d		fidelity bor	nd, that was caused by fraud	100		x	237796	
e		er persons	s by an insurance carrier,	10e	x			
f	Has the plan failed to provide any benefit when due under the plan			10f		х	15540	
g			the second second state of the second sec	(Description)		<u>^</u>		
h		See instru	ctions and 29 CFR	10g	X		93039	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	I notice or one of the	10h		<u>×</u>		
Part		1-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	res," see instructions and com	plete	Scheo	lule SE	3 (Form	
11a	Enler the amount from Schedule SB line 39	•••••••		••••••••		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 V No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)		2.015	1000		
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.			clions, lh	and e	nter th Day	e date of the letter ruling Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	B MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

Form 5500-SF 2012

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Page 3 -	4
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<u> </u>	Enler the amount contributed by the employer to the plan for this plan year	12c	T		
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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	2000	Ves	ΠΝο	□ N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No	10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			120
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Π ν	es 🛛 No
C	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.)	0			
1	3c(1) Name of plan(s): 11	3c(2) E	IN(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		