Form 5500-SF Short Form Annual Return/Report of Small Benefit Plan					yee	OMB Nos. 1210-0110 1210-0089					
	artment of the Treasury rnal Revenue Service			2012							
D	Pepartment of Labor Benefits Security Administration	nd 4065 of the Employe ctions 6057(b) and 6058 ode).		This Form is Open to Public							
Pension B	enefit Guaranty Corporation	 Complete all entries in accordance with the instructions to the Form 5500-SF. 									
Part I		lentification Information									
For calence	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012										
A This return/report is for:											
B This re	turn/report is:	the first return/report the	ne final return/report								
an amended return/report a short plan year return/report (less than 12 months)											
C Check	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					
GLOBAL VO	DYAGES GROUP, LLC 4	01(K) PLAN				plan number (PN) ▶ 001					
					1c	Effective date of plan					
						08/01/2011					
2a Plan s GLOBAL V	ponsor's name and addreed of the second s	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 26-3314766					
320 120TH	AVENUE NE, SUITE 100				2c	Sponsor's telephone number 425-637-8558					
	, WA 98005	,			2d	Business code (see instructions) 531390					
3a Plan a	administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN					
					30	Administrator's telephone number					
4 If the	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN					
		per from the last return/report.			4 -						
	sor's name	de a la seta sta se effete a la succeso				PN					
_		the beginning of the plan year			5a	12					
		the end of the plan year			5b	18					
		count balances as of the end of the pla			5c	6					
		luring the plan year invested in eligible				Yes No					
		ne annual examination and report of an									
		See instructions on waiver eligibility an									
		er line 6a or line 6b, the plan cannot									
		incomplete filing of this return/repo									
SB or Sch		r penalties set forth in the instructions, signed by an enrolled actuary, as well tte.									
SIGN	Filed with authorized/va	lid electronic signature.	07/02/2013	BENJAMIN GOUX							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator					
SIGN											
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individu	ial sid	gning as employer or plan sponsor					
Preparer's		ne, if applicable) and address; include				parer's telephone number (optional)					

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
a Total plan assets	. 7a	2228	2			77878		
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)		2228	2		77878			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)							
(2) Participants	8a(2)	4954	.8					
(3) Others (including rollovers)	8a(3)			_				
b Other income (loss)	. 8b	693	0	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					56478		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)		88	2					
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)						882		
i Net income (loss) (subtract line 8h from line 8c)						55596		
j Transfers to (from) the plan (see instructions)	1							
Part IV Plan Characteristics	oj							
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		ne time period described in						
		tion Program)	10a		X			
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not incl	lude transactions reported	10a 10b		x x			
	t? (Do not incl	lude transactions reported		×		1000		
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not incl	that was caused by fraud	10b	X		1000		
on line 10a.) C Was the plan covered by a fidelity bond?	t? (Do not incl s fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	X	X	1000		
 on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	t? (Do not incl s fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	x x	1000		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	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				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	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

						DMB Nos. 1	210 0110		
Form 5500-SF	Form 5500-SF Short Form Annual Return/Report of Small Employ Department of the Treasury Benefit Plan						1210-0089		
Internal Revenue Service	This form is required to be filed			012					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal f	8(a) of	This Form is	Open to	Public				
	n Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF								
	entification Information	1				-			
For calendar plan year 2012 or fisca		/01/2012	and ending		12/31/201				
A This return/report is for:			blan (not multiemployer)		a one-particip	oant plan			
B This return/report is:		he final return/report							
-			ırn/report (less than 12 n	nonths					
C Check box if filing under:		automatic extension			DFVC progra	ım			
	special extension (enter description								
	nation—enter all requested informat	on		16	Thursday Maria	·			
1a Name of plan Global Voyages Grou	up, LLC 401(k) Plan				Three-digit plan number (PN)	00	1		
				1c	Effective date of 08/01/2011	•			
2a Plan sponsor's name and addre Global Voyages Grou	ess; include room or suite number (em up, LLC	ployer, if for a single	-employer plan)	2b	Employer Identifi (EIN) 26-331		nber		
				2c	Sponsor's teleph (425) 637-		er		
320 120th Avenue NE Bellevue	C, Suite 100	767 23	98005	2d	Business code (s 531390	see instruc	tions)		
	address XSame as Plan Sponsor Na	2007 B		3b	Administrator's E	EIN			
4 If the name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
name, EIN, and the plan numb		'			······································				
a Sponsor's name 5a Total number of participants at	the beginning of the plan year			4c	 		12		
	the end of the plan year			5a Eh			18		
	count balances as of the end of the pla			5b			10		
, .		• •		5c			6		
6a Were all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruc	ctions.)			X Yes	No		
	e annual examination and report of an See instructions on waiver eligibility an					X Yes	No		
1	er line 6a or line 6b, the plan cannot	,				<u> </u>			
Caution: A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.				
Under penalties of perjury and other	· penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applica				
SIGN	A		Benjamin Goux						
HERE Signature of plan adm	sinistrator	Date 7-1-13	Enter name of individu	ual sio	ning as plan adm	inistrator			
SIGN			Benjamin Goux		<u> </u>				
HERE Signature of employe	r/plan sponsor	Date 7-1-13	Enter name of individu	ual sig	ning as employer	or plan sp	onsor		
	ne, if applicable) and address; include				arer's telephone				

	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	
а	Total plan assets	7a		2,28	32				77,87
b	Total plan liabilities	7b	a an an air an air an						
С	Net plan assets (subtract line 7b from line 7a)	7c	2	2,28	32				77,87
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	4	9,54	18				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		6,93	30				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							56,47
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		88	22				
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	oy 8h							88
	Net income (loss) (subtract line 8h from line 8c)	8i			+				55,59
	Transfers to (from) the plan (see instructions)								55,55
	t IV Plan Characteristics	8j		·····					
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cterist	ic Coc	les in th	e instructior	าร:	
Part	V Compliance Questions				· · · ·		<u></u>		
			9		Ves	No		mound	4
10	During the plan year:	ions within th	ne time period described in		Yes	No	A	mount	t
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a	Yes	No X	A	mount	Ł
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ciary Correct ? (Do not incl	ion Program) ude transactions reported	10a 10b	Yes		Α	mount	£
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Correct ? (Do not incl	ion Program) ude transactions reported		Yes	X	A	mount	
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10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ciary Correct ? (Do not incl fidelity bond, er persons b	that was caused by fraud	10b 10c	x	X X	A	mount	
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10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.)	ciary Correct ? (Do not incl idelity bond, er persons b f the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	x	X X X X X	A	mount	
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10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	ciary Correct ? (Do not incl idelity bond, er persons b f the benefits ? of year end	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	x	X X X X X	A	imount	
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10 a b c d e f g h i 2art 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ciary Correct ? (Do not incl fidelity bond, er persons b f the benefits ? s of year end. See instruction e required not -3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See)) ons and 29 CFR otice or one of the ," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form		10,00
10 a b c d e f f h i i 2art 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl ? (Do not incl ? fidelity bond, er persons b f the benefits ? s of year end. See instruction e required no -3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X ule SB	(Form		10,00
10 a b c d e f g h i i 2art 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl idelity bond, idelity bond, er persons b f the benefits ? of year end. See instruction e required not -3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See)	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X X X Ule SB	(Form	Yes Yes	10,00
10 a b c d e f g h i i 2art 11 11a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (1 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements	ciary Correct ? (Do not incl fidelity bond, er persons b f the benefits ? of year end. See instruction e required not -3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	Sched	X X X X X X X Ule SB	(Form 	Yes Yes	10,00

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<u> </u>	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			
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?		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 brought under the control of the PBGC?					
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) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	· · · ·	