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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2012 or f	iscal plan year beginning 01/01/	2013	and ending 0	7/31/2	2013			
	turn/report is for:	a single-employer plan		olan (not multiemployer)	yer) a one-participant plan				
B This ret	turn/report is:	the first return/report	X the final return/report	İ					
		an amended return/report	x a short plan year retu	rn/report (less than 12 mo	onths)	_			
C Check I	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 info	ormation						
1a Name		•			1b	Three-digit			
LIVEMOCHA RETIREMENT PLAN						plan number			
						(PN)	001		
					1c	Effective date of plan			
30 Diame		dalara da la dalara			Ol-	10/01/2011			
LIVEMOCH		ddress; include room or suite numbe	er (employer, if for a single	e-employer plan)	20	Employer Identi (EIN) 71-10	fication Number 23648		
					2c	Sponsor's telep	hone number		
1011 WEST	ERN AVE., SUITE 10	00				206-85			
SEATTLE, V	VA 98104				2d	Business code	see instructions)		
						61100	00		
3a Plan a	dministrator's name a	nd address 🗵 Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
					30	Administrator's	telephone number		
					30	Auministrator s	lelephone 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				
name, EIN, and the plan number from the last return/report.					4				
a Sponsor's name						C PN a 4			
_		s at the beginning of the plan year			5a	1			
b Total i	number of participants	s at the end of the plan year			5b		0		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							0		
_		ts during the plan year invested in e					X Yes No		
_	•	of the annual examination and repor	•	•					
		3? (See instructions on waiver eligibi					X Yes No		
If you	answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-SI	and must instead use	Form	5500.			
		or incomplete filing of this return	•						
		ther penalties set forth in the instruc							
	true, correct, and com	and signed by an enrolled actuary, a aplete.	s well as the electronic ve	rision of this return/report	, and i	to the best of my	knowledge and		
,	, ,	·		I					
SIGN HERE	Filed with authorized	/valid electronic signature.	11/12/2013	JAN DEBELL					
TILIXL	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 individ					ual sig	ning as employe	r or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)		
				ŀ					

Form 5500-SF 2012 Page **2**

Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets							
a Total plan assets							
b Total plan liabilities							
C Net plan assets (subtract line 7b from line 7a)							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers							
a Contributions received or receivable from: (1) Employers							
(1) Employers							
(3) Others (including rollovers)							
b Other income (loss) 8b 22434 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 72184 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 381710 e Certain deemed and/or corrective distributions (see instructions) 8e 1000							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
to provide benefits)							
f Administrative service providers (salaries, fees, commissions) 8f							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)							
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D							
b If 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							
10 During the plan year: Yes 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)							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C Was the plan covered by a fidelity bond?	30000						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	30000						
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.)	2182						
f Has the plan failed to provide any benefit when due under the plan?							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
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							
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	☐ No						
11a Enter the amount from Schedule SB line 39.							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
(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 rulin granting the waiver	ng						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year							

	Form 5500-SF 2012 Page 3 - 1				
С	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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Informal Revenue Service

Department of Lebor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 Benefit Plan

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report le	dentification Information	ance with the instru	ctions to the Form 550	10-SF.				
	ar plan year 2012 or fisc	al plan year beginning 01/01/201	3	and ending	07/31/2013	3	4-31		
A This re	turn/report is for:								
A This return/report is for: A single-employer plan							, , , , , , , , , , , , , , , , , , ,		
	,,,,,,,	_	a short plan year retur	n/report (less than 12 m	ionths)				
C Check box if filing under: Form 5558 automatic extension						DFVC program	n		
		special extension (enter descriptio	n)		<u></u>	Section of the section of the section of			
Part II	Basic Plan Inform	mation—enter all requested informa	ation	* * * * * * * * * * * * * * * * * * * *					
1a Name	IEUR RESERVASE		2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2			ree-digit			
LIVEMOCHA RETIREMENT PLAN						en number	001		
						N) I			
					1c Effective date of plan 10/01/2011				
2a Plans LIVEMOCH	ponsor's name and addr	ess; include room or suite number (ex	mployer, if for a single-	employer plan)	2b Em	ployer Identific	cation Number		
LIAEMOOLI	A, 140.				(EII				
50.01 000000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000	Ministrative review of which control is a standard and secure and secure of the control of the c				2c Sponsor's telephone number (206) 856-1524				
1011 WEST	ERN AVE., SUITE 1000	Ĺ			2d Bus	- SANTEN WAR COURTER	ee instructions)		
SEATTLE.						611000	co non dodons,		
3a Plan a	dministrator's name and	address X Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b Adr	ministrator's El	IN		
					3c Adn	ministrator's te	lephone number		
					OU MUI	imination a le	repriorie 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			
name, EIN, and the plan number from the last return/report.									
					4c PN				
5a Total number of participants at the beginning of the plan year					5a		42		
b Total number of participants at the end of the plan year					5b		0		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							0		
6a Were	all of the plan's assets d	luring the plan year invested in eligible	e assets? (See Instruc	tions.)	*************		Yes No		
b Are yo	ou claiming a waiver of th	ne annual examination and report of a	in independent qualifie	d public accountant (IQ	PA)				
lf vou	answered "No" to eith	See instructions on waiver eligibility a ser line 6a or line 6b, the plan canno	and conditions.) of use Form 5500-SF	and must instead use	Form 650	····	Yes No		
		incomplete filing of this return/rep					-		
Under pena	allies of perjury and othe	r penallies set forth in the instructions	, I declare that I have	examined this return/rep	ort. Includ	ling, if applicat	ole, a Schedule		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
00.007, 17, 10, 1		- A A A		TITLE	· · · ·				
SIGN HERE	Can	MIRELL	8/23/13	× Jan De	Bell				
TERE	Signature of plan adn	ninistrator	Date	Enter name of individual	lividual signing as plan administrator				
SIGN						W & W. W.			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing	ı as employer ı	or plan sponsor		
Preparers	name (including lirm han	ne, if applicable) and address; include	e room or suite number	r (optional)	Preparer	's telephone n	umber (optional)		
	1000 000 1						1		

Pa	rt III Financial Information								
7	7 Plan Assets and Liabilities (a) Beginning of Yea					(b) End of Year			
a	We wanted the second of the se					-	0		
b	b Total plan liabilities					2 0.0			
_ ¢	C Net plan assets (subtract line 7b from line 7a)						0		
8							(b) Total		
a						*********			
	(2) Participants	8a(2)	4975	0					
	(3) Others (including rallovers)	Ba(3)			7				
b	Other income (loss)	d8	2243	4					
c	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4	72184		
d	Benefits paid (including direct rollovers and insurance premlums	MANUAL TRANSPORT				10	76107		
	to provide benefits)	8d	38171	0	- -				
100	Certain deemed and/or corrective distributions (see instructions)	8e	100	0			<u> </u>		
f_	Administrative service providers (salaries, fees, commissions)	8f					·		
g	Other expenses	8g							
<u>_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					382710		
	Net income (loss) (subtract line 8h from line 8c)	18	• • • • • • • • • • • • • • • • • • • •				-310526		
<u></u>	Transfers to (from) the plan (see instructions)	8)							
	t IV Plan Characteristics		The state of the state of		# ECO 11 FOC - 5				
9a	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	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in l	the instructions:		
_									
Par	Part V Compliance Questions								
10 During the plan year:					Yes	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 Flduciary Correction Program)					X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х			
C	C Was the plan covered by a fidelity bond?			10c	х		20000		
d	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	30000		
е	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.)				x		2182		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	, 1700		
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x			
ī	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								
Part				101			L		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and fine 11a below)	ents? (If "Y	es," see instructions and com	piete :	Sched	ule SE	3 (Form Yes No		
11a	11a Enter the amount from Schedule SB line 39					11a			
12	is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	02 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)	1 2 2 3 7 1					
	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								
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012 Page 3 - 1						
С	Enter the amount contributed by the employer to the plan for this plan year	12	c				
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)	12	d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		ΠÌ	Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets			* ***		''	
13a	Has a resolution to lerminate the plan been adopted in any plan year?	X	Ye	es N	٥		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	132	1			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contr	ol	X Yes ∏ 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.)			ā — A 570 ±00±			
	3c(1) Name of plan(s):	3c(2)	EIN	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)			11. 21.20			
14a	Name of trust	14b	Tru	ıst's EIN		to of	