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).

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Informat	ion								
For calenda	ar plan year 2013 or fis	scal plan year beginning 0	4/01/2013		and ending	12/31/	2013				
A This ret	urn/report is for:	X a single-employer plan	□am	ultiple-employer pl	lan (not multiemployer)		a one-particip	pant plan			
	urn/report is:	the first return/report		final return/report	, , ,						
D IIIISTE	umreport is.	an amended return/repor		·	n/report (less than 12 m	onthe	\				
•			=		meport (less than 12 m	OHUIS	·				
C Check box if filing under:							DFVC progra	am			
		special extension (enter of									
Part II	Basic Plan Info	rmation—enter all requeste	ed information	l				ı			
1a Name						1b	Three-digit				
REALSELF,	INC. 401(K) RETIREM	MENT PLAN					plan number (PN) ▶	001			
						10	Effective date o				
							04/01				
2a Plan s	ponsor's name and ad	dress; include room or suite n	umber (emplo	yer, if for a single-	employer plan)	2b	Employer Identi				
REALSELF,	INC.							11152			
						2c	Sponsor's telep	hone number			
	ERN AVENUE, SUITE	206					206-624	4-9357			
SEATTLE, V	VA 98104					2d	Business code ((see instructions)			
				_			519100				
3a Plan a	dministrator's name ar	nd address XSame as Plan S	Sponsor Name	Same as Plar	Sponsor Address	3b	Administrator's	EIN			
						30	Administrator's	telephone number			
						30	Administrators	telepriorie number			
		e plan sponsor has changed si		eturn/report filed fo	or this plan, enter the	4b	EIN				
		mber from the last return/repor	rt.								
	or's name					+	PN				
		at the beginning of the plan ye				5a		26			
b Total r	number of participants	at the end of the plan year				5b	2				
		account balances as of the en			•	5c		20			
	•					1		20			
_	•	s during the plan year invested	•	•	,			X Yes No			
		f the annual examination and r ? (See instructions on waiver e						X Yes No			
		ither line 6a or line 6b, the pl		,							
C If the p	olan is a defined benef	it plan, is it covered under the	PBGC insura	nce program (see	ERISA section 4021)?	Г	Yes No	Not determined			
<u> </u>		·			,			<u> </u>			
		or incomplete filing of this re									
		her penalties set forth in the in nd signed by an enrolled actua									
	true, correct, and com		a. y, ao 110 ao			ι, αα		ougo ana			
	Filed with outhorized	volid algoritania aignotura		05/40/0044	THOMAS SEEDY						
SIGN HERE	Filed with authorized/	valid electronic signature.		05/12/2014	THOMAS SEERY						
TILIXL	Signature of plan a	dministrator		Date	Enter name of individ	ual si	gning as plan adn	ninistrator			
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer of							er or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address	ss; include ro	om or suite numbe				number (optional)			

Form 5500-SF 2013 Page **2**

_										
Pa	t III Financial Information		I							
7	Plan Assets and Liabilities	1.7.					(b) End			
	Total plan assets	. 7a		0				1	11417	
	Total plan liabilities	7b		•	-				4444	
	Net plan assets (subtract line 7b from line 7a)	7c		0	-		111417			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Γotal		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants									
	(3) Others (including rollovers)	Ga(2)								
b	Other income (loss)	8b	837	6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	11687	
	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)	. 8f	27	0						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							270)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						1	11417	•
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
_										
Par							1			
10	During the plan year:				Yes	No		Amo	ount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
	,			10c	Χ					25000
d						X				
	or dishonesty?			10d		^				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h				109		X				
	2520.101-3.)			10h		^				
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)							Tr	Yes	□ No
112	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		·				EDISA2	Tr	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		J UI SE	CUUII	JUZ UI	LNISA!	1 L	103	110
a	If a waiver of the minimum funding standard for a prior year is beir		·	ctions	, and e	enter th	ne date of	the le	tter rul	ing
	granting the waiver.			th		Day		Yea	r	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1	12b	1			
a	Enter the minimum required contribution for this plan year				I	120	Ī			

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part	Annual Report	dentification information								
For ca	endar plan year 2013 or f	iscal plan year beginning	04/01/2013	and ending		12/31/2013				
A Thi	s return/report is for:	🛛 a single-employer plan	a multiple-employer p	lan (not multiemployer)] a one-participant plan				
B Thi	s return/report is:	X the first return/report	the final return/report							
	ı	an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Ch	eck box if filing under:	☐ Form 5558	automatic extension		Γ	DFVC program				
O OII	sek box if filling direct.	special extension (enter description)	LJ							
Part	II Bacic Plan Info	ormation—enter all requested inf								
L	me of plan	Simation—enter all requested lin	Offilation		1b	Three-digit				
	•)1(k) Retirement Plan			A .	plan number				
I/e	albert, inc. 40	(1/K) Nettrement I lan				(PN) ▶ 001				
						Effective date of plan				
0			/			04/01/2013				
	an sponsors name and ad ealSelf, Inc.	ddress; include room or suite numb	er (employer, il for a single-	employer pram		Employer Identification Number (EIN) 20-3511152				
110						Sponsor's telephone number				
						(206) 624-9357				
10	08 Western Aven	nue, Suite 206			2d 1	Business code (see instructions)				
S€	attle		WA	98104	ī	519100				
3a Pl	an administrator's name a	and address XSame as Plan Spons	sor Name Same as Plar	n Sponsor Address	3b /	Administrator's E I N				
		_			2-	A 1				
					36 /	Administrator's telephone number				
		ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN				
		umber from the last return/report.			4c	DNI				
'	oonsor's name	at the beginning of the plan year								
_	, ,	s at the beginning of the plan year				26				
	•	s at the end of the plan year			5b	28				
	•	account balances as of the end of			5c	20				
6a v	Vere all of the plan's asse	ts during the plan year invested in e	eligible assets? (See instruc	ctions.)		Yes No				
b A	re you claiming a waiver o	of the annual examination and repo	t of an independent qualifie	ed public accountant (IQ	(PA)	X Yes No				
		6? (See instructions on waiver eligibete in the fine 6a or line 6b, the plan of								
		efit plan, is it covered under the PBC								
<u> </u>	the plan is a defined bene			ENION Section 4021):		Tes 110 110 determined				
		or incomplete filing of this retur								
Under	penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, ind	cluding, if applicable, a Schedule				
	schedule MB completed a it is true, correct, and com		as well as the electronic ver	sion of this return epor	i, anu ii	o the best of my knowledge and				
				L.						
SIGN	J.C.	The state of the s	5/8/14	Thomas Seery						
HERE	Signature of plan	administrator)	Date	Enter name of individ	lual sigr	ning as plan administrator				
SIGN			3/8/14	Thomas Seery						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	lual sigr	ning as employer or plan sponsor				
Prepa		name, if applicable) and address; ir	nclude room or suite numbe	er (optional)	Prepa	arer's telephone number (optional)				
					I					
						en an Miller on a				

rai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Y	ear	
a	Total plan assets	7a			0			111,417	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с			0			111,417	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	101	3,31	1				
	(2) Participants	8a(2)	100), JI	_	<u>ari Alika</u> Ngjarana	<u>Jaros Potestos da.</u> Augusto de presenta		
	(3) Others (including rollovers)	8a(3)		3,37	6			<u> </u>	
	Other income (loss)	8b		,, ,,	4			111,687	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				ing Th	a a gazaran da .	111,007	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e		27	_	<u> </u>			
f	Administrative service providers (salaries, fees, commissions)	8f		21	9		<u> </u>	aut meissa.	
	Other expenses	. 8g					<u>a. 1938 Nobel</u>	270	
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						111,417	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			+		·····	TTT/ 4T1	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics				# - O -		Al i A Ai		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	tic Cc	aes in	the instructions	5.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Plan Chara	cterist	c Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Am	ount	
a		itions with	in the time period described in	10a		Х			
b		t? (Do not	include transactions reported	10b		Х			
				10c	Х		\		
				100	~ ~	l		25,000	
d	or dishonesty?		mu, mai was causeu by mauu					25,000	
e				10d		Х		25,000	
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.	her persor of the ber	ns by an insurance carrier, lefits under the plan? (See			X		25,000	
	insurance service or other organization that provides some or all instructions.)	her persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		Х		25,000	
f	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	her person of the ber an?	ns by an insurance carrier, nefits under the plan? (See	10e 10f		X		25,000	
f	insurance service or other organization that provides some or all 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 a	her person of the ber an?	ns by an insurance carrier, hefits under the plan? (See	10e		Х		25,000	
f	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	ner person of the ber an?as of year (See instr	end.)	10e 10f		X		25,000	
f	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	ner person of the ber an? as of year (See instr	end.)	10e 10f 10g		X X X		25,000	
f g h	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lif 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 the exceptions to providing the notice applied under 29 CFR 2520.101.	ner person of the ber an? as of year (See instr	end.)	10e 10f 10g 10h		X X X		25,000	
f g h	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lif 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 the exceptions to providing the notice applied under 29 CFR 2520.101.	ner person of the ber of the ber of the ber of year (See instruction of the require of the requi	end.)	10e 10f 10g 10h 10i		X X X		25,000 Yes No	
f g h	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lift 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 the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	her person of the ber an?	end.)uctions and 29 CFR	10e 10f 10g 10h 10i		X X X			
f g h	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lif 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 the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below).	her person of the ber man?	end.)uctions and 29 CFR ad notice or one of the "Yes," see instructions and comedule SB (Form 5500) line 39	10e 10f 10g 10h 10i		X X X X dule SE			
f 9 h i Part 11 11a	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lifthis 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 the exceptions to providing the notice applied under 29 CFR 2520.10 (Insurance) Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year the strike a defined contribution plan subject to the minimum funding.	her person of the ber	end.)	10e 10f 10g 10h 10i		X X X X dule SE		Yes No	
f g h i Part 11 11a 11a 12	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lifthis 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 the exceptions to providing the notice applied under 29 CFR 2520.10 (Insurance) Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year of the string a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	her person of the ber of the ber of the ber on the her equire of the her equire of the prequirements? (If the prequirements of the prediction	end.)	10e 10f 10g 10h 10i nplete	ction	X X X X Adule SE	ERISA?	Yes No Yes No	
f g h i Part 11 11a 11a 12	insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.102 (VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year the strip is a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below)	her person of the ber her person of the ber her her see instruction of the her require the requirements? (If from Schein grequirements applied to the person of the her see in the requirement of the person of the her see in the her	end.)	10e 10f 10g 10h 10i nplete	ction	X X X X Adule SE 11a 302 of	ERISA?	Yes No Yes No	

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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 r 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?			res 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 anot of the PBGC?		control		Yes 🕅 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)	to		
1	3c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust		14b ⊺i	rust's EIN	