	rm 5500-SF	Short Form Annual F	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013		
	Pepartment of Labor Benefits Security Administration	ctions 6057(b) and 6058(Code).		This Form is	s Open to Public				
Pension Be	Benefit Guaranty Corporation	ctions to the Form 5500)- <u>SF.</u>	ins	spection				
Part I Annual Report Identification Information									
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/coport is for: X a single-employer plan D a multiple-employer plan D a multiple-employer plan									
A This ret	turn/report is for:	lan (not multiemployer)		a one-particip	oant plan				
B This ret	turn/report is:								
-	l	onths	_						
C Check	box if filing under:			DFVC progra	Im				
	<u> </u>	special extension (enter descript							
Part II		mation—enter all requested inform	nation		46	· · · · · · · · · · · · · · · · ·	r		
1a Name	of plan T.COM 401(K) PLAN				10	Three-digit plan number (PN) ►	001		
					1c		•		
	sponsor's name and addre IT.COM CORPORATION	ress; include room or suite number (\	(employer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 20-38			
701 NORTH	H 36TH STREET, SUITE	310			2c	Sponsor's telep 206-547			
SEATTLE, V					2d	Business code (54160	,		
3a Plan a	administrator's name and	l address XSame as Plan Sponsor	Name Same as Plan	n Sponsor Address	3b	Administrator's	EIN		
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fc	or this plan, enter the	4b	EIN			
	sor's name	Jer nom me last returningport.			4c PN				
5a Total	number of participants at	t the beginning of the plan year			5a 32				
b Total i	number of participants at	t the end of the plan year			5b	b			
		ccount balances as of the end of the			5c	22			
	•	during the plan year invested in eligi	•	,			🗙 Yes 🗌 No		
under If you	r 29 CFR 2520.104-46? (u answered "No" to eith	the annual examination and report on (See instructions on waiver eligibility ther line 6a or line 6b, the plan can	y and conditions.) not use Form 5500-SF a	and must instead use I	Form	5500.	X Yes 🗌 No		
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	····· [Yes No	Not determined		
Caution: A	A penalty for the late or	r incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	se is	established.			
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.									
SIGN	Filed with authorized/va	alid electronic signature.	06/16/2014	STEVEN SCHWARTZ					
HERE	Signature of plan adm	ministrator	Date	Enter name of individual signing as plan admini			ninistrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor		
Preparer's	name (including firm nar	me, if applicable) and address; inclu	ide room or suite number	r (optional)	Prep	arer's telephone	number (optional)		

Pa	rt III Financial Information		-					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	7a	1274037			1551497		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	127403	7	1551497			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	11360	8				
	(3) Others (including rollovers)							
b	Other income (loss)				_			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		355798	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7803	2				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	30	6				
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					78338	
	Net income (loss) (subtract line 8h from line 8c)	8i					277460	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics	IJ						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:	
	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	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		-	-	iou		X		—
	on line 10a.)	•		10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		1200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х		
	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	Х		10	36
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g	Х		911	10
	If this is an individual account plan, was there a blackout period?	•	,	ivy				
•	2520.101-3.)	•		10h		Х		
i	· · · · · · · · · · · · · · · · · · ·							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
<u>11</u> a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	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.)							
а	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							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year				T	12b		

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 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?	Ye	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 of the PBGC?	control		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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Fo	rm 5500-SF	Short Form Annual Re	-	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2013		
	epartment of Labor Senefits Security Administration	Retirement Income Security Act of 19 the Internal F		I his Form is Open to Public				
Pension B	enefit Guaranty Corporation	► Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	-SF.		
Part I	Annual Report Io	dentification Information				· · · · · · · · · · · · · · · · · · ·		
For calence	lar plan year 2013 or fisc	al plan year beginning 01	/01/2013	and ending		12/31/20	13	
_				an (not multiemployer)		a one-partici	pant plan	
B This re	turn/report is:		ne final return/report short plan vear returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	DFVC program						
Officer								
Part II	Basic Plan Infor	special extension (enter description) mation—enter all requested informati				······································		
1a Name					1b	Three-digit		
	ement.com 401()	k) Plan				plan number	001	
					10	(PN) Effective date c		
						01/01/200		
	ponsor's name and addr ement.com Corpo	ess; include room or suite number (em pration	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-389	fication Number	
	energe com com				2c	hone number		
701	North 36th Stre	eet, Suite 310			2d	(206) 547 Business code	(see instructions)	
Seat				98103		541600		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me USame as Plan	Sponsor Address	3b	Administrator's	EIN	
4 If the	name and/or EIN of the p	plan sponsor has changed since the las	t return/report filed fc	r this plan, enter the	4b	EIN		
name	e, EIN, and the plan number of t	per from the last return/report.		, ,		PN		
		t the beginning of the plan year			5a		32	
		t the end of the plan year			5b		29	
		ccount balances as of the end of the pla			5c			
	1	during the plan year invested in eligible					X Yes No	
b Are you under	ou claiming a waiver of th 29 CFR 2520 104-46? (he annual examination and report of an See instructions on waiver eligibility an	independent qualifie d conditions.)	d public accountant (IQ	PA)		X Yes 🗌 No	
-		ner line 6a or line 6b, the plan cannot			_		Not determined	
C If the	plan is a defined benefit	plan, is it covered under the PBGC insu	Irance program (see	ERISA section 4021)?	····· []	Yes No		
		incomplete filing of this return/repo						
SB or Sch	alties of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instructions, I signed by an enrolled actuary, as well ste.	I declare that I have as the electronic vers	examined this return/report sion of this return/report	port, in , and t	cluding, if applic o the best of my	able, a Schedule knowledge and	
SIGN 3- June 6/11/14 Steven Schwartz								
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ning as plan adı	ninistrator	
SIGN **		Ville?	6/5/2014	James P. Chamb	erl.	in —		
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor	
Preparer's		me, if applicable) and address; include	room or suite number				number (optional)	

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Part III Final 7 Plan Assets ar	icial Information								
1 10117100010 01			(a) Beginning of Year			(b) End of Year			
a Total plan asso	ts	7a	1,274,037						497
	ities	7b	and and a start of the start of						
	s (subtract line 7b from line 7a)	7c	1,274	4,03	37			1,551,4	497
	ses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	eceived or receivable from:	<u> </u>	(u) Anount						
		8a(1)							
(2) Participan	S	. 8a(2)	11:	3,60)8				
(3) Others (inc	luding rollovers)	8a(3)							
b Other income	loss)	8b	242	2,19	90				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second					355,7	798
, ,	ncluding direct rollovers and insurance premiums afits)	8d	78	3 , 03	32				
e Certain deeme	d and/or corrective distributions (see instructions)	8e			_				
f Administrative	service providers (salaries, fees, commissions)	8f		30	06				
g Other expense	S	8g							
h Total expenses	(add lines 8d, 8e, 8f, and 8g)	<u>8h</u>						78,3	
Net income (lo	ss) (subtract line 8h from line 8c)	<u>8i</u>						277,4	460
j Transfers to (fr	om) the plan (see instructions)	8j							m
	Characteristics								
9a If the plan pro 2E 2F 2	vides pension benefits, enter the applicable pension G 2J 2K 2T 3D	feature coo	les from the List of Plan Chara	acteris	stic Co	odes in	the instructi	ons:	
b If the plan pro	vides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Chara	cterist	ic Co	tes in th	ne instructio	ns:	
Part V Comp	iance Questions								
10 During the pl			······································		Yes	No	A	Amount	
a Was there a 29 CFR 251	ailure to transmit to the plan any participant contribu 0.3-102? (See instructions and DOL's Voluntary Fid	tions within uciary Corre	the time period described in ection Program)	10a		Х			
	ny nonexempt transactions with any party-in-interes			10b		х			
C Was the plan	covered by a fidelity bond?			10c	Х			120,	000
d Did the plan	ave a loss, whether or not reimbursed by the plan's	fidelity bor	d, that was caused by fraud	10d					
	s or commissions paid to any brokers, agents, or ot					Х		<u></u>	
insurance se	vice or other organization that provides some or all	of the bene	fits under the plan? (See	10e	X	X		1,	036
insurance se instructions.)		of the bene	fits under the plan? (See	10e	X	X X		1,	036
insurance se instructions.) f Has the plan	failed to provide any benefit when due under the pla	of the bene	fits under the plan? (See	10e 10f					
f Has the plan g Did the plan h If this is an in	failed to provide any benefit when due under the planave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period?	of the bene in?as of year e (See instru	fits under the plan? (See nd.) ctions and 29 CFR	10e 10f 10g	X			1, 91,	
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar	failed to provide any benefit when due under the pla nave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t	of the bene in? as of year e (See instru he required	fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10e 10f 10g 10h		X			
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to	failed to provide any benefit when due under the pla nave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10	of the bene in? as of year e (See instru he required	fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10e 10f 10g		X			
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin	failed to provide any benefit when due under the pla nave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance ad benefit plan subject to minimum funding requiren	of the bene as of year e (See instru he required 1-3	fits under the plan? (See 	10e 10f 10g 10h 10i	X	X X Jule SB	(Form		149
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin 5500) and line	failed to provide any benefit when due under the pla have any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance	of the bene in? as of year e (See instru he required 1-3 nents? (If "Y	fits under the plan? (See nd.) ctions and 29 CFR notice or one of the /es," see instructions and com	10e 10f 10g 10h 10i	X	X X Jule SB	(Form	91,	149 No
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin 5500) and line	failed to provide any benefit when due under the pla nave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance ad benefit plan subject to minimum funding requiren a 11a below).	of the bene In? as of year e (See instru he required 1-3 nents? (If "Y	fits under the plan? (See nd.) ctions and 29 CFR notice or one of the /es," see instructions and corr ule SB (Form 5500) line 39	10e 10f 10g 10h 10i	Schee	X X dule SB		91,	149 No
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin 5500) and lind 11a Enter the unp 12 Is this a defin (If "Yes," com	failed to provide any benefit when due under the planave any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance ad benefit plan subject to minimum funding requirent a transmission of the contribution for current year the contribution plan subject to the minimum funding plete line 12a or lines 12b, 12c, 12d, and 12e below	of the bene as of year e (See instru he required 1-3 nents? (If "Y rom Sched g requireme , as applica	fits under the plan? (See 	10e 10f 10g 10h 10i plete	Schee	X X dule SB 11a 302 of I	ERISA?	91,	149 No
insurance se instructions.) f Has the plan g Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin 5500) and lind 11a Enter the unp 12 Is this a defir (If "Yes," com a If a waiver of granting the w	failed to provide any benefit when due under the pla have any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance ed benefit plan subject to minimum funding requiren e 11a below) aid minimum required contribution for current year f ed contribution plan subject to the minimum funding plete line 12a or lines 12b, 12c, 12d, and 12e below he minimum funding standard for a prior year is bei raiver.	of the bene in? as of year e (See instru he required 1-3 nents? (If "Y rom Sched g requireme , as applica ng amortize	fits under the plan? (See 	10e 10f 10g 10h 10i e or se	Schee	X X dule SB 11a 302 of I	ERISA?	91,	149 No
insurance se instructions.) f Has the plan Did the plan h If this is an in 2520.101-3.) i If 10h was ar exceptions to Part VI Pensio 11 Is this a defin 5500) and line 11a Enter the unp 12 Is this a defir (If "Yes," com a If a waiver of granting the w	failed to provide any benefit when due under the pla have any participant loans? (If "Yes," enter amount a dividual account plan, was there a blackout period? swered "Yes," check the box if you either provided t providing the notice applied under 29 CFR 2520.10 on Funding Compliance ed benefit plan subject to minimum funding requiren e 11a below) aid minimum required contribution for current year f ed contribution plan subject to the minimum funding plete line 12a or lines 12b, 12c, 12d, and 12e below he minimum funding standard for a prior year is bei	of the bene in? as of year e (See instru he required 1-3 nents? (If "Y rom Sched g requireme , as applica ng amortize	fits under the plan? (See 	10e 10f 10g 10h 10i e or se	Schee	X X dule SB 11a 302 of I enter th	ERISA?	91,	149 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 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?	[] Y	′es 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	XNo
·	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 🏾 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	an a
1		I 3c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		timen and the substant time
14a	Name of trust	14b Trust's	EIN