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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in accordance	ance with the instruc	tions to the Form 550	<i>J</i> U-5F.		
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year return	n/report (less than 12 m	nonths))	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	-	special extension (enter description)			_	
Part II	Basic Plan Info	rmation—enter all requested information	tion				
1a Name	of plan	•			1b	Three-digit	
VOICEBOX :	TECHNOLOGIES RET	TREMENT PLAN				plan number	
					4.	(PN) •	001
					10	Effective date of 01/01/	•
	ponsor's name and add	dress; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
VOICEBOX	TECHNOLOGIES COI	KIOKATION			20	-	67512
11980 N.E. 2	24TH ST., SUITE 100				2C	Sponsor's telep	
BELLEVUE,					2d	Business code ((see instructions)
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
		e plan sponsor has changed since the la nber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN 91-21	67512
	•	TECHNOLOGIES, INC.			4c	PN	001
_		at the beginning of the plan year			5a		95
_		at the end of the plan year			5b		170
c Numb	er of participants with a	account balances as of the end of the pl	an year (defined bene	fit plans do not			
	,				. 5c		78
_		during the plan year invested in eligible the annual examination and report of a					X Yes No
,	•	(See instructions on waiver eligibility a		. ,	,		X Yes No
		ther line 6a or line 6b, the plan canno					
C If the p	olan is a defined benefi	it plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	nonalty for the late	or incomplete filing of this return/repo	ort will be assessed	unloss roasonablo ca	ueo ie		-
		ner penalties set forth in the instructions					able a Schedule
SB or Sche		nd signed by an enrolled actuary, as wel					
SIGN	Filed with authorized/v	valid electronic signature.	07/08/2014	TODD KENCK			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/nlan sponsor	Date	Enter name of individ	lual sic	ning as employe	er or plan sponsor
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sprearer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (
	, -			, , ,		•	,

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	Voor		
<u>'</u>	Total plan assets	7a	237796				(b) Elia o	339502	8	
	Total plan liabilities	7b						-		
	Net plan assets (subtract line 7b from line 7a)	7c	237796	1	-	3395			8	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	62736	8						
	(3) Others (including rollovers)	8a(3)	14009	5						
b	Other income (loss)	8b	48734	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						125480	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23773	6						
е	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						23773	6	
	Net income (loss) (subtract line 8h from line 8c)	8i						101706	7	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par						1	ı			
10	During the plan year:			ı	Yes	No	A	mount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				339	503
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X				
е										
·	insurance service, or other organization that provides some or all				Χ					
	instructions.)			10e	^				18	8826
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				119	001
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
ī	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		-								
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes		No
44-	5500) and line 11a below)							1 68	<u>' </u>	INU
	Enter the unpaid minimum required contribution for current year fr		,		ı	11a		П		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							1.0		
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		, and e	enter th Day		e letter ru ′ear	ılıng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I			
b	Enter the minimum required contribution for this plan year					12b				

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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	

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

2013

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OMB Nos. 1210-0110 1210-0089

Part I	Annual Report Identification Information		10 010 1 01111 00		1	
	ar plan year 2013 or fiscal plan year beginning 01/01/2013	-	and ending	12/31/2	2012	
B0%	What have been a support to the supp			an continuing again	_	
	Line point is 101.		an (not multiemployer))	a one-partici	oant plan
B This ret		final return/report				
	an amended return/report as	hort plan year return	/report (less than 12 r	months)	ij.	
C Check b	box if filing under:	tomatic extension			☐ DFVC progra	ım
	special extension (enter description)					
Part II	Basic Plan Information—enter all requested informatio	n				
1a Name				1b	Three-digit	
VOICEBOX	TECHNOLOGIES RETIREMENT PLAN				plan number	
					(PN) Þ	001
				1c	Effective date o	
2a Plan st	ponsor's name and address; include room or suite number (empl	lover if for a single-	employer plan)	26	(7,0150,037	
VOICEBOX	TECHNOLOGIES CORPORATION	oyer, in for a single-t	stripioyer platt)	20	Employer Identi (EIN) 91-216	
				20	Sponsor's telep	
11090 N E 1	24TH ST., SUITE 100			20	(425) 96	
11900 N.C. A	241H 31., 30HE 100			2d		see instructions)
BELLEVUE,					541519	
3a Plan a	dministrator's name and address 🏿 Same as Plan Sponsor Nam	ie Same as Plan	Sponsor Address	3b	Administrator's	EIN
				2-	***	
				30	Administrator's	telephone number
	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN 91-216	7512
name.	, EIN, and the plan number from the last return/report. or's name VOICEBOX TECHNOLOGIES, INC.					
				4c	PN 001	
	number of participants at the beginning of the plan year					95
	number of participants at the end of the plan year			5b		170
	er of participants with account balances as of the end of the plar lete this item)			5c		78
	all of the plan's assets during the plan year invested in eligible a					
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (I	OPA		Yes No
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.)	``````````````````````````````````````			X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot					_
C If the p	plan is a defined benefit plan, is it covered under the PBGC insur	rance program (see	ERISA section 4021)?	? [Yes No	Not determined
Caution: A	A penalty for the late or incomplete filing of this return/repor	t will be assessed i	inless reasonable c	auco le	optablished	
Under pena	alties of perjury and other penalties set forth in the instructions. I	declare that I have	examined this return/o	enort in	ocluding if applie	able a Schodula
SB or Sche	edule MB completed and signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/repo	ort, and	to the best of my	knowledge and
belief, it is	true, correct, and complete.		5500.0			
SIGN	* love Kund	14/24/11	X Todal	Kene	elC	
HERE	Signature of plan administrator	Date	Enter name of indivi	_		
SIGN		Duto	Lines hame of major	iuuai siç	grillig as plan aur	ninistrator
HERE	5:					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date	Enter name of indiv	idual sig	gning as employe	r or plan sponsor
i ispaioi o	(com or sale numbe	(optional)	Lieb	Jarer s telepnone	number (optional)
1						

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End of Year
a Total plan assets	7a	237796				3395028
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	2377961				3395028
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	-			(b) Total
a Contributions received or receivable from:	61 25 20002	1.1				
(1) Employers	8a(1)	20700				
(2) Participants		62736		+-		
(3) Others (including rollovers)		14009	-	-	_	
b Other income (loss)	. 8b	487340)	+		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c			-		1254803
to provide benefits)	. 8d	237736	6			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	. 8g	*****		\top		
h Total expenses (add lines 8d, 8e, 8f, and 8g)				+-		237736
Net income (loss) (subtract line 8h from line 8c)						1017067
j Transfers to (from) the plan (see instructions)				-	-	
Part IV Plan Characteristics	1 9	L				
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	ne instructions:
					- 4	
Part V Compliance Questions		77 - WY-1976 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Von	Na.	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	utione withi	n the time period described in		Yes	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	rection Program)	10a		х	
b Were there any nonexempl transactions with any party-in-interes on line 10a.)			10ь	-	х	
C Was the plan covered by a fidelity bond?		***************************************	10c	Х		339503
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		×	
Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or all instructions.)			10e	х		18826
f Has the plan failed to provide any benefit when due under the pl	an?		10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	х		119001
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i	l.		
Part VI Pension Funding Compliance		3				
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39		erroo	11a	
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
(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 be granting the waiver.		Mor	ith	, and	enter ti Day	grant care a surger common transfer gallicaterious and transfer common ex-
If you completed line 12a, complete lines 3, 9, and 10 of Schedu						
b Enter the minimum required contribution for this plan year				-	12b	r

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Enter the amount contributed by the employer to the plan for this plan year	12c	T			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
	Per cost con	☐ Yes	. П No П N	VA.	
VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?		Yes x	No		
		T	<u> </u>	100	
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	control		∏ Yes ☑	No.	
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s)	lo			110	
13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN((s)	
VIII Trust Information (optional)					
14a Name of trust		14b Trust's EIN			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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)	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)	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)	