Form 5500-SF		Short Form Annual Re	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		Benefit Plan				2013			
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			(a) of This Form is Open to Publi				
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Inspection			
Part I Annual Report Identification Information									
For calenda	ar plan year 2013 or fisc			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		ne final return/report						
		an amended return/report	short plan year returr	n/report (less than 12 m	onths)			
C Check I	box if filing under:	Form 5558	utomatic extension			DFVC program			
		special extension (enter description))						
Part II	Basic Plan Inform	mation—enter all requested informati	on						
1a Name	•				1b	Three-digit			
SOCRATA, I	NC. 401(K) PLAN					plan number (PN) ▶ 001			
					1c	Effective date of plan			
						05/01/2008			
2a Plan sp SOCRATA,		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-8512903			
83 KING ST	REET SUITE 107				2c	Sponsor's telephone number 206-340-8008			
	VA 98104-2851				2d	Business code (see instructions) 511210			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
						3c Administrator's telephone 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 									
a Sponse		per from the last return/report.			4c PN				
5a Total r	number of participants a	t the beginning of the plan year			5a				
b Total r	number of participants a	t the end of the plan year			5b	74			
C Numb	er of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not					
					5c	30			
		during the plan year invested in eligible	•	,		X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
		her line 6a or line 6b, the plan cannot							
C If the p	lan is a defined benefit	plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .		Yes No Not determined			
Caution: A	popalty for the late or	incomplete filing of this return/repo	rt will be assessed i	unloss rossonable cau		ostablishod			
		· · · ·							
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 HERE	Filed with authorized/va	alid electronic signature.	07/25/2014	DAN WASSEL					
HERE	Signature of plan ad	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	alid electronic signature.	07/25/2014	DAN WASSEL					
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone number (optional)			

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 2 e 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 X X	7 Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year						
C Net plan assets (subtract line 7b from line 7a) 7c \$01889 \$552420 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: \$a(1) 0 (2) Participants. \$a(2) 118310	a Total plan assets	7a	30188	9						
B Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (b) Total (a) Deters (including rolevers)	b Total plan liabilities	7b		0	0					
a Contributions received or receivable form: ba(1) 0 (a) Detrain (including rollowers) Ba(2) 183810 (b) Others (including rollowers) Ba(3) 7305 (c) Detrain (including rollowers) Ba(3) 7305 (c) Others (including rollowers) Ba B412 275527 (c) Detrain (including direct rollowers and insurance premiums to provide benefits) Bd 7276 275527 (c) Entrain deemed and/or corrective distributions (see instructions). Bd 177718 275627 (c) Entrain deemed and/or corrective distributions (see instructions). Bd 0 275627 (c) Other sciences (salaries, see, commissions). Bd 0 275627 (c) Other sciences (salaries, see, commissions). Bd 0 249968 (c) Other sciences (salaries, see, commissions). Bd 0 249968 (c) The approvides parsion benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions: 2 (c) During the plan year 0 X 2 2 (c) During the plan year 0 X 2 2 (c) During the plan year 0 0	C Net plan assets (subtract line 7b from line 7a)		30188	9	552420					
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(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 ruling granting the waiver	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fides b) Were there any nonexempt transactions with any party-in-interest on line 10a.)	duciary Correct st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end c (See instruction the required n 01-3	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X X	3 (Form	27		
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granting the waiver	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on line 10a.). b Were there any nonexempt transactions with any party-in-interest 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 plandor or dishonesty? e Were any fees or commissions paid to any brokers, agents, or on insurance service, or other organization that provides some or a instructions.) f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11a Enter the unpaid minimum required contribution for current year 	duciary Correc st? (Do not inc s fidelity bond, ther persons b Il of the benefit an? as of year end ? (See instruction the required n 01-3 ments? (If "Yea from Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X X Iule SB	3 (Form	27 250 27		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence by Were there any nonexempt transactions with any party-in-interest 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 plandor or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or on insurance service, or other organization that provides some or a instructions.). f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.). i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below). 	duciary Correc st? (Do not inc s fidelity bond, ther persons b il of the benefit an? as of year end c (See instruction the required n 01-3 ments? (If "Yes from Schedule g requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X X Iule SB	3 (Form	27 250 27		
	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence by Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or on insurance service, or other organization that provides some or a instructions.). f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.). i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to the minimum funding required 5500) and line 11a below)	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3 ments? (If "Yes from Schedule g requirement: v, as applicabl ing amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X X Sched	X X X X X X X X X X X X X X X X X X X	B (Form B (Form ERISA?	27 250 27 27 27 27 27 27 27 27 27 27 27 27 27		

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 c of the PBGC?	ontrol		Yes X No			
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): 13	8 c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust				14b Trust's EIN			