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 accorda	ance with the instruc	tions to the Form 550	10-5F.		
Part I	_	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report X t	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description)				
Part II	Basic Plan Info	rmation—enter all requested informat	ion				
1a Name	e of plan				1b	Three-digit	
ENVISION	RESPONSE RETIREM	ENT PLAN				plan number	004
					10	(PN) ▶ Effective date o	001
					10	01/01/	
	sponsor's name and ade	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
2151 N. NORTHLAKE WAY, SUITE 100						206-547	
SEATTLE,	WA 98103				2d	Business code (54180	
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					30	Administrator's t	telephone number
						Administrator 3	elephone number
		e plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
	e, Elin, and the plan hur sor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		3
b Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of the pla	•	•	5c		0
	,	s during the plan year invested in eligible			`		X Yes ☐ No
		f the annual examination and report of ar					
		? (See instructions on waiver eligibility ar					X Yes No
		ther line 6a or line 6b, the plan canno					1
C If the	plan is a defined benef	it plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instructions,					
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well plete.	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.	07/31/2014	SEAN K. FAY			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual siç	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as emplove	r or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liid O		0	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	4390	5					0	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount				(b) 10	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	423	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4230)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2964	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e	1848	9						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4813	5	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4390	5	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics				•					
9a		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	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	۱ ۸	mount		
a				10a		X		mount		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			X				
	on line 10a.)			10b		X				—
				10c		^				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X				
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 plan			10f		Χ				
					Χ					
g	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X				0
i	2520.101-3.)			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes		No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		e letter ru 'ear	lling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benedia Security Administration

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 5057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110 1210-0089

Репаю Ва	nefil Guaranty Corporation	➤ Complete all entries in accorda	nce with the instead	tions to the Fame Fra			pection
Part I	Annual Report I	dentification Information	ice with the metroc	tions to me Form 550	0-SF.	<u> </u>	
For calenda	ır plan year 2013 or iis	cal plan year beginning 01/01/2013		and ending	12/31/2	013	
Particular description (A)	urn/report is for: urn/report is:		multiple-employer pla e final return/report	an (not multiemployer)	[a one-particly	pant plan
	50		50	/report (less than 12 m	onthe)		
C Check b	oox if filing under:		ulomalic extension		[DFVC progra	m
Part II	Basic Plan Info	rmation—enter all requested informati					
1a Name	THE RESERVE OF THE PERSON OF T	Triation cites an requested mionizati	OH .		45		y- 1-30
	RESPONSE RETIREM	ENT PLAN			8	Three-digit plan number (PN)	001
					1c	Effective date of 01/01/2	
Za Plan sp ENVISION R	oonsor's name and add RESPONSE, INC.	dress; Include room or suite number (em	ployer, if for a single-	employer plan)		Employer Identi (EIN) 74-308	fication Number 6963
2151 N. NOF	RTHLAKE WAY, SUITI	E 100				Sponsor's lelep (206) 54	7-5642
SEATTLE, V		5		18 77		541800	
3a Plan ad	dministrator's name an	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					Зс .	Administrator's	elephone number
4 If the name,	, EIN, and the plan num	p plan sponsor has changed since the las nber from the last return/report.	st return/report filed fo	r this plan, enter the	4b		
The second second second		at the beginning of the plan year	BARRES PROPERTY CONT. AND THE		4c	PN	
		at the end of the plan year				-	3
C Numbe	er of participants with a	account balances as of the end of the pla	in year (defined bene	fit plans do not	5b 5c		0
6a Were b Are younder	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-457	during the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar	assels? (See instruc independent qualifie id conditions.)	tions.)d public accountant (IC	PA)		Yes No
		ther line 6a or line 6b, the plan cannol it plan, is il covered under the PBGC ins					Not determined
Caution: A	penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	uniess reasonable ca	use la e	established.	
Under pena SB or Sche	allies of periury and oll	her penallies sel forth in the instructions, nd signed by an enrolled actuary, as well	I declare that I have	examined this returning	and in	alcottan to a th	able, a Schedule knowledge and
SIGN HERE			7/30/14	× SEAN			
	Signature of plant	aministrator	Date / /	Enter name of individ			ninistrator
SIGN HERE		<u> </u>	7/20/14	SEAN			
	Signature of simplo name (including lim n	yempian sponsor ame, if applicable) and address; include	room or suite numbe	Enter name of Individ r (optional)	fual sign Prepa	ning as employe arer's leiephone	r or plan sponsor number (optional)
Ži							
For Paperw	ork Reduction Act Notic	e and OMB Control Numbers, see the instr	uctions for Form 5500-	SF.			Form 5500-SF (2013)

Pa	rt III Financial Information	1000		10000		-	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	H		(b) End of Vans
a	Total plan assets	. 7a	4390	-	_		(b) End of Year
b	Total plan liabilities	7b				-	U .
	Net plan assets (subtract line 7b from line 7a)	7c	4390	5		nit.	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1.5	-		· · · · · · · · · · · · · · · · · · ·
а	Contributions received or receivable from:		(a) / Milosite	-			(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)				412	
	Other income (loss)	. 8b	423	0			
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4230
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84	29640	R	R	- 185	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	18489	-	+		
2010	Administrative service providers (salaries, fees, commissions)	Bf	1048.		-	-	
g	Other expenses	-	W-17-11-11-11-11-11-11-11-11-11-11-11-11-	113	-		
() () () () () () () () () ()	Total expenses (add lines 8d, 8e, 8f, and 8g)			-	-		
ī	Net income (loss) (subtract line 8h from line 8c)			-	2		48135
<u> </u>	Transfers to (from) the plan (see instructions)			_	-	-	-43905
Pa	t IV Plan Characteristics	6 j					
	If the plan provides pension benefits, enter the applicable pension	facilize co	don from the Lief of Di- Oh				
	2E 2G 2J 2K 2T 3D	icature cor	tes from the List of Pian Chan	actens	uc Co	des in	the instructions:
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	c Cod	es in l	he instructions:
1000			IV Section of Section Section (Section)				
Par	t V Compliance Questions						
10	During the plan year:			1985	Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide	uciary Com	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	l? (Do not i	nclude transactions reported	10Ь		х	
C	Was the plan covered by a fidelity bond?	***************************************		10c		х	
d		fidelity bor	nd, that was caused by fraud	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or of	her nersons	by an insurance corder	.00	_		
	insurance service, or other organization that provides some or all instructions.)	of the bene	efils under the plan? (See			х	
f				108	-	12-7760	
				10f		Х	
				10g	х		0
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	******	~~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10h		x	
1	If 10h was answered "Yes," check the box if you either provided a exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101			
Par	9 1	25.00	N 10	SW-TH-LI-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (if "\	es," see instructions and com	plele	Sched	ule SE	3 (Form Yes ∏ No
11a	Enter the unpaid minimum required contribution for current year for	rom Sched	ule SB (Form 5500) line 39			11a	140
12	is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)				
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	ed in this plan year see instau	ctions,	and e	nler (I Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fon	m 5500), and skip to line 13.			Jay	164
b	Enter the minimum required contribution for this plan year				[12b	7.00

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		17				
C Enler the amount contributed by the emp	ployer 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)						
 Will the minimum funding amount report 	ed on line 12d be met by the funding deadline?			Yes [No	N/A
Part VII Plan Terminations and Tr			*******			IVA
13a Has a resolution to lerminate the plan been	adopted in any plan year?		XY	es No	-	
If "Yes," enter the amount of any plan as	sets that reverted to the employer this year		13a			
b Were all the plan assets distributed to pa	articipants or beneficiaries, transferred to another plan, or bro	with under the			X Yes	
C If during this plan year, any assets or lial which assets or liabilities were transferre	bilities were transferred from this plan to another plante) idea	nlify the plan(s)	lo	···	N res	I NO
13c(1) Name of plan(s):		1	3c(2) EIN	1(s)	13c(3) PN(s)
		8				
Part VIII Trust Information (optional	a()		-			
14a Name of trust			14b Tn	ıst's EIN		
		*				