

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LIBERTY INTERACTIVE 401K SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2012</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIBERTY INTERACTIVE CORPORATION</u> <u>12300 LIBERTY BLVD</u> <u>ENGLEWOOD, CO 80112-7009</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-1288730</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>720-875-5400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>515210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>84-1288730</u>	2c Plan Sponsor's telephone number <u>720-875-5400</u>	2d Business code (see instructions) <u>515210</u>	
2b Employer Identification Number (EIN) <u>84-1288730</u>					
2c Plan Sponsor's telephone number <u>720-875-5400</u>					
2d Business code (see instructions) <u>515210</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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/valid electronic signature.	<u>07/30/2015</u>	<u>BRIAN WENDLING</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3539
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3189 6a(2) 1409 6b 3 6c 828 6d 2240 6e 1 6f 2241 6g 1638 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>LIBERTY INTERACTIVE 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIBERTY INTERACTIVE CORPORATION</u>	D Employer Identification Number (EIN) <u>84-1288730</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY IIOC, INC.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 71	RECORDKEEPER	57657	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

COOK STREET CONSULTING

84-0854432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	18750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	18600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DREAMWISE MARKETING SOLUTIONS

16-1643592

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	PARTICIPANT COMMUNICATION	5934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STRATEGIC ADVISORS, INC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	11183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SHERMAN & HOWARD

84-0420314

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	10710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DENVER COMPENSATION & BENEFITS LLC

26-0586523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	38250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
ALZGI NFJ SMCPVL IS- BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.10%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY IIOC, INC.	60	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
BARON GROWTH- DST SYSTEMS, INC 43-1581814	0.40%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY IIOC, INC.	60	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
BARON GROWTH INST- DST SYSTEMS, INC 43-1581814	0.15%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 1- BROKERAGE LINK	SEE ATTACHED BROKERAGE LINK FOR DETAIL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
C&S INST GLB REAL SH- BOSTON FINAN PO BOX 8480 BOSTON, MA 02266-8480	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX- BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266-8480	0.10%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation		
PIMCO HIGH YIELD ADM - BOSTON FINAN PO BOX 8480 BOSTON, MA 02266-8480	0.28%	
(a) Enter service provider name as it appears on line 2		
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation		
PIMCO TOT RETURN ADM- BOSTON FINAN PO BOX 8480 BOSTON, MA 02266-8480	0.28%	
(a) Enter service provider name as it appears on line 2		
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation		
THORNBURG INT VAL R5 - BOSTON FINAN PO BOX 8480 BOSTON, MA 02266-8480	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METWEST TOT RTN BD M- BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF GRTH FUND AMER R4- AMERICAN FUND 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY IIOC, INC.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF GRTH FUND AMER R5- AMERICAN FUND 95-2566717	0.05%	

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>LIBERTY INTERACTIVE 401K SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIBERTY INTERACTIVE CORPORATION</u>		D Employer Identification Number (EIN) <u>84-1288730</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	3749	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3185612	2768988
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	216300	375569
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1048451	1217562
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	61420934	68525708
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	65875046	72887827

Liabilities

g Benefit claims payable	1g	629724	451943
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	629724	451943

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	65245322	72435884
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4175639	
(B) Participants	2a(1)(B)	9546394	
(C) Others (including rollovers)	2a(1)(C)	1605446	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15327479
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	47200	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47200
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4374323	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4374323
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-717304
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19031698

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7265514	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7265514
f Corrective distributions (see instructions).....	2f		451943
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	162956	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		162956
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7880413

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		11151285
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		3960723

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **KPMG, LLP**

(2) EIN: **13-5565207**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		126609
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE BUYSEASONS 401K FUN FUND	39-1994246	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan LIBERTY INTERACTIVE 401K SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY INTERACTIVE CORPORATION				D Employer Identification Number (EIN) 84-1288730	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3514297					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

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KPMG LLP
Suite 800
1225 17th Street
Denver, CO 80202-5598

Independent Auditors' Report

The Plan Administrative Committee|
Liberty Interactive 401(k) Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Liberty Interactive 401(k) Savings Plan (the Liberty Interactive Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 8, which was certified by Fidelity Management Trust Company, the trustee of the Liberty Interactive Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Denver, Colorado
June 29, 2015

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Mutual funds (note 2)	\$ 70,395,972	63,652,907
Brokeragelink accounts (note 2)	<u>1,274,293</u>	<u>1,169,939</u>
Total investments	<u>71,670,265</u>	<u>64,822,846</u>
Receivables:		
Notes receivable from participants (notes 1 and 2)	1,217,562	1,048,451
Miscellaneous receivable	<u>—</u>	<u>3,749</u>
Total assets	<u>72,887,827</u>	<u>65,875,046</u>
Liabilities:		
Payable for required refund of excess contributions and earnings thereon	<u>(451,943)</u>	<u>(629,724)</u>
Net assets available for benefits	<u>\$ 72,435,884</u>	<u>65,245,322</u>

See accompanying notes to financial statements.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Net investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (717,304)	7,673,920
Interest and dividend income	4,374,323	2,520,836
Total net investment income	<u>3,657,019</u>	<u>10,194,756</u>
Interest on notes receivable from participants	47,200	36,253
Contributions:		
Employer	4,175,639	3,827,953
Participant	9,546,394	8,770,631
Rollovers	1,605,446	1,159,834
Total contributions	<u>15,327,479</u>	<u>13,758,418</u>
Total additions to net assets	<u>19,031,698</u>	<u>23,989,427</u>
Deductions:		
Administrative expenses	(162,956)	(131,271)
Refund of excess contributions and earnings thereon	(451,943)	(629,724)
Distributions to participants	(7,265,514)	(4,245,122)
Total deductions	<u>(7,880,413)</u>	<u>(5,006,117)</u>
Assets transferred from other plans (note 1)	—	7,698,639
Assets transferred to other plans (note 1)	<u>(3,960,723)</u>	<u>—</u>
Net increase in net assets available for benefits	<u>7,190,562</u>	<u>26,681,949</u>
Net assets available for benefits:		
Beginning of year	<u>65,245,322</u>	<u>38,563,373</u>
End of year	<u>\$ 72,435,884</u>	<u>65,245,322</u>

See accompanying notes to financial statements.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Liberty Interactive Plan

The following description of the Liberty Interactive 401(k) Savings Plan (the “Liberty Interactive Plan”) is provided for general information purposes only. Participants should refer to the plan document for more complete information. The Liberty Interactive Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

(a) General

The Liberty Interactive Plan is a defined contribution plan sponsored by Liberty Interactive Corporation (“Liberty Interactive” or the “Company”) established effective January 1, 2012. The Plan Administrative Committee of the Liberty Interactive Plan serves as the Plan Administrator for the Liberty Interactive Plan.

The Liberty Interactive Plan enables participating employees of Liberty Interactive and its qualifying subsidiaries to receive benefits upon retirement or other termination of employment. Employees of Liberty Interactive and certain 80% or more owned subsidiaries of Liberty Interactive who are at least 18 years of age are eligible to participate in the Liberty Interactive Plan either immediately upon hire or, for certain specified employees, after one year of service (as defined in the Liberty Interactive Plan document) and attaining 21 years of age.

(b) Plan Spin Off

BuySeasons, Inc., a former subsidiary of Liberty Interactive, ceased being an active participating employer in the Liberty Interactive Plan effective September 30, 2014. The Liberty Interactive Plan transferred assets of \$3,960,723 to The BuySeasons 401K Fun Fund on October 1, 2014.

(c) Plan Merger

During April 2013, the Celebrate Interactive Retirement Plan, a qualified defined contribution plan, merged into the Liberty Interactive Plan, with the Liberty Interactive Plan as the surviving and continuing plan. As a result, assets of \$7,698,639 were transferred into the Liberty Interactive Plan during 2013.

(d) Contributions

Subject to the Internal Revenue Service (“IRS”) limitations described below, participants may make pre-tax contributions to the Liberty Interactive Plan of up to 75% of their compensation, as defined. Pursuant to the terms of the Liberty Interactive Plan, Liberty Interactive and its subsidiaries will make differing matching contributions as follows, as approved by the Company and its subsidiaries’ respective management teams:

% of participant contributions	Maximum match as a % of eligible compensation
100%	6%
50	3

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

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All participant contributions and employer matching contributions are subject to limitations as determined annually by the IRS. Employee pre-tax contributions were limited to \$17,500 in 2014 and 2013. Combined employee pre-tax and employer matching contributions per participant (excluding catch-up contributions) were limited to \$52,000 and \$51,000 in 2014 and 2013, respectively. Catch-up contributions, as defined in the Economic Growth and Tax Relief Reconciliation Act of 2001, are permitted for those eligible employees at least 50 years of age, are not matched by the employer, and are limited to \$5,500 in 2014 and 2013. Liberty Interactive and its subsidiaries reserve the right to change the matching contribution amounts at any time.

Employer contributions, both vested and unvested, can be invested in any investment option offered in the Liberty Interactive Plan, including the Brokeragelink option, as directed by the participant.

(e) Rollovers

Participants may elect to rollover amounts from other qualified plans or individual retirement accounts into the Liberty Interactive Plan provided that certain conditions are met.

(f) Participant Accounts

Each participant's account is credited with (a) the participant's contributions, (b) employer matching contributions, and (c) allocations of plan earnings and losses, as determined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(g) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable, other than those transferred from other plans, must be repaid within five years and bear interest at a rate equal to the prime rate of interest in effect on the last day of the month preceding the month in which the loan was made plus 1%. The interest rate for new loans will be updated monthly on the first day of the following month for any changes to the prime rate that occur during any given month. Notes receivable transferred from other plans retain the repayment terms and interest rates in effect at the time of transfer. Notes receivable are secured by the vested balance in the participant's account. At December 31, 2014, outstanding notes receivable had interest rates ranging from 3.25% to 5.25% and maturity dates through September, 2027. Principal and interest repayments are paid ratably through payroll deductions or through the use of automatic bank draft after termination of employment.

(h) Forfeitures

Forfeitures of employer contributions (due to participants' termination prior to full vesting) are first used to pay Liberty Interactive Plan expenses, with any excess used to reduce the participating employers' future employer matching contributions. Forfeitures aggregated \$225,627 and \$164,362 during 2014 and 2013, respectively. In addition, during 2013 the Liberty Interactive Plan received \$58,341 in forfeitures due to a plan merger (see note 1). Forfeitures of \$95,667 and \$86,865 were used to pay Liberty Interactive Plan expenses during 2014 and 2013. Forfeitures of \$119,619 were used to offset employer matching contributions during 2014. Unused forfeitures aggregated \$229,179 and \$214,181 respectively at December 31, 2014 and 2013.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(i) Investment Options

As of December 31, 2014, the Liberty Interactive Plan has various investment options including 19 mutual funds. The mutual funds include money market, bond, real estate, domestic and international stock funds, small to large cap funds, growth and value funds, and six asset allocation funds based on target retirement dates. In addition, the Liberty Interactive Plan offers a brokerage option, Brokeragelink, whereby participants can elect to invest in publicly traded investments and mutual funds not offered directly by the Liberty Interactive Plan. A complete list of investment options can be found on Schedule II to these financial statements. Liberty Interactive Plan participants may change investment options and contribution percentages at any time.

(j) Benefit Payments

Distributions from the Liberty Interactive Plan may be made to a participant upon attaining the age of 59 ½, death, total disability, financial hardship, or termination of employment. Distributions and other withdrawals are processed on a daily basis.

(k) Vesting

Participant contributions are always fully vested. Participants acquire a vested right in employer matching contributions, other than employer contributions transferred from other plans, as follows:

<u>Years of service</u>	<u>Vesting percentage</u>
Less than 1	—%
1 year	50
2 years	100

Employer matching contributions transferred from other plans vest according to the terms specified in the transferor plans.

(l) Trust Fund Managed by Fidelity Management Trust Company (“Trustee”)

Under the terms of a trust agreement between Liberty Interactive and the Trustee, the Trustee manages a trust fund on behalf of the Liberty Interactive Plan and has been granted authority concerning purchases and sales of investments for the trust fund.

(m) Recordkeeping Services

Under the terms of a service agreement, Fidelity Workplace Services LLC provides recordkeeping service to the Liberty Interactive Plan.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(2) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The accompanying financial statements of the Liberty Interactive Plan have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in those net assets.

(b) *Valuation of Investments*

Investments are reflected in the accompanying financial statements at fair value. Fair value represents the closing prices at December 31, 2014 and 2013 for those securities having readily available market quotations. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Liberty Interactive Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The net asset value is used as a practical expedient to determine fair value.

Securities and investment transactions are accounted for on the trade date. The cost basis of such shares distributed is determined using the average cost method. Dividend income is recorded on the ex-dividend date. Income, including interest income, from other investments is recorded as earned on an accrual basis.

The net appreciation or depreciation in fair value of investments (net realized and unrealized gains or losses) is reflected in the accompanying statements of changes in net assets available for benefits and is determined as the difference between the market value at the beginning of the year (or date purchased during the year) and selling price or year-end market value.

(c) *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable are reclassified as deemed distributions based upon the terms of the Liberty Interactive Plan.

(d) *Distributions to Participants*

Distributions requested by participants or required by the terms of the Liberty Interactive Plan are recorded when paid.

(e) *Plan Expenses*

Any employer contribution amounts forfeited pursuant to the terms of the Liberty Interactive Plan may be used to pay Liberty Interactive Plan expenses, except that the fees charged by the Trustee for participant loans from the Liberty Interactive Plan and qualified domestic relations orders are paid by the participant utilizing such feature. In addition, certain investment related expenses reduce investment income in the accompanying statements of changes in net assets available for benefits. Any additional administrative expenses of the Liberty Interactive Plan are paid by Liberty Interactive.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(f) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Significant estimates include determination of fair value of investments. Actual results could differ from those estimates.

(3) Plan Termination

Although Liberty Interactive has not expressed any intent to terminate the Liberty Interactive Plan, it may do so at any time, subject to the provisions of ERISA. The Liberty Interactive Plan provides for full and immediate vesting of all participant accounts upon termination of the Liberty Interactive Plan.

(4) Risks and Uncertainties

The Liberty Interactive Plan invests in various investment securities. Investment securities are exposed to various risks such as significant world events, interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term.

(5) Income Taxes

For the Liberty Interactive Plan, Liberty Interactive has adopted a volume submitter plan sponsored by Fidelity Management and Research Company that received an opinion letter from the IRS dated March 31, 2008 stating that the written form of the volume submitter plan document is qualified under section 401(k) of the Internal Revenue Code ("IRC"), and that any employer adopting this form of the plan will be considered to have a plan qualified under section 401(a) of the IRC. Once qualified, the plan is required to operate in conformity with the IRC to maintain its qualification. The Liberty Interactive Plan administrator believes that the Liberty Interactive Plan is being operated in accordance with the applicable requirements of the IRC, and therefore believes the Liberty Interactive Plan is qualified and the related trust is tax-exempt as of December 31, 2014 and 2013.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Liberty Interactive Plan administrator has analyzed the tax positions taken by the Liberty Interactive Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Liberty Interactive Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

The Liberty Interactive Plan administrator believes the Liberty Interactive Plan is no longer subject to income tax examinations prior to 2011.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(6) Investments

The following table presents investments that exceed 5% or more of the Liberty Interactive Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Mutual Funds:		
ALLNZ GI NFJ Small-Cap Value Instl	\$ 4,103,254	4,106,423
American Funds Growth Fund of America R4	*	4,517,271
American Funds Growth Fund of America R5	4,931,955	*
Artisan International Institutional	4,605,775	*
Baron Growth Retail	*	3,353,561
Baron Growth Institutional	3,720,577	*
Fidelity Freedom 2030	5,642,402	4,909,484
Fidelity Freedom 2040	9,902,531	9,758,394
Fidelity Freedom 2050	5,566,260	4,960,791
Fidelity Low-Priced Stock	6,742,987	5,876,268
Fidelity Spartan 500 Index Institutional	8,516,154	6,057,194
Thornburg International Value R5	*	5,127,808

* Not held or not greater than 5% of the Liberty Interactive Plan's net assets as of the respective period.

During the years ended December 31, 2014 and 2013, the Liberty Interactive Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>Years ended December 31</u>	
	<u>2014</u>	<u>2015</u>
Mutual funds	\$ (726,280)	7,616,268
Brokeragelink accounts	8,976	57,652
	<u>\$ (717,304)</u>	<u>7,673,920</u>

Fair Value Measurements

U.S. generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Liberty Interactive Plan has the ability to access.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

- Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Certain investments are reported at fair value on a recurring basis in the statements of net assets available for benefits. The following methods and assumptions were used to estimate the fair values:

Mutual funds and money market funds – Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Liberty Interactive Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as Level 1.

Common stock and other exchange traded equity securities – The fair value of these investments is based on the closing price per the primary stock exchange on which they are traded and are classified as Level 1.

Brokeragelink account – This asset category represents a separate brokerage account that offers a wide range of investment opportunities including mutual funds and common stocks listed on major U.S. exchanges. The fair value of common stocks and other exchange traded investments that are publicly traded is based on the closing price per the primary stock exchange on which they are traded and are classified as Level 1. The fair value of mutual funds is based on the net asset values of shares held at year-end and are classified as Level 1.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Liberty Interactive Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies or leveling in 2014 or 2013.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The below tables present the fair value of assets by category measured on a recurring basis as of December 31, 2014 and 2013.

Investments	Assets at fair value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total fair value
Mutual funds:				
Large Cap Growth	\$ 4,931,955	—	—	4,931,955
Large Cap Value	3,588,500	—	—	3,588,500
Large Cap Blend	8,516,154	—	—	8,516,154
Mid Cap Blend	6,742,987	—	—	6,742,987
Small Cap Growth	3,720,577	—	—	3,720,577
Small Cap Value	4,103,254	—	—	4,103,254
Global Stock	6,099,663	—	—	6,099,663
Bond Funds	5,071,471	—	—	5,071,471
Money Market	2,284,810	—	—	2,284,810
Target Retirement Funds	23,964,163	—	—	23,964,163
Real Estate Fund	1,372,438	—	—	1,372,438
Brokeragelink accounts:				
Equities and Highly Liquid Investments	1,274,293	—	—	1,274,293
Total assets at fair value	\$ 71,670,265	—	—	71,670,265

Investments	Assets at fair value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total fair value
Mutual funds:				
Large Cap Growth	\$ 4,517,271	—	—	4,517,271
Large Cap Value	2,588,529	—	—	2,588,529
Large Cap Blend	6,057,194	—	—	6,057,194
Mid Cap Blend	5,876,268	—	—	5,876,268
Small Cap Growth	3,353,561	—	—	3,353,561
Small Cap Value	4,106,423	—	—	4,106,423
Global Stock	6,219,866	—	—	6,219,866
Bond Funds	4,370,647	—	—	4,370,647
Money Market	2,611,545	—	—	2,611,545
Target Retirement Funds	22,774,115	—	—	22,774,115
Real Estate Fund	1,177,488	—	—	1,177,488
Brokeragelink accounts:				
Equities and Highly Liquid Investments	1,169,939	—	—	1,169,939
Total assets at fair value	\$ 64,822,846	—	—	64,822,846

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2014 and 2013, there were no transfers in or out of Level 1, 2, or 3.

(7) Related Party Transactions

Certain plan investments are shares of mutual funds managed by the Trustee. Therefore, these transactions qualify as party-in-interest.

(8) Summary of Financial Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Liberty Interactive Plan has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013.
- Investment amounts in note 6 as of and for the years ended December 31, 2014 and 2013.
- The Schedule of Assets (held at end of year) as of December 31, 2014 as shown on Schedule II.

(9) Delinquent Participant Transactions

As reported on Schedule I (Schedule H, Line 4a – Schedule of Delinquent Participant Contributions), certain participant contributions and notes receivable repayments were not remitted to the Liberty Interactive Plan within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Liberty Interactive Plan and the Company.

(10) Subsequent Events

Management has evaluated the need for disclosures and/or adjustments resulting from other subsequent events through June 29, 2015, the date the financial statements were issued. This evaluation determined that there were no subsequent events that necessitated disclosure and/or adjustments.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year ended December 31, 2014

Period	Participant contributions transferred late	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE-2002-51
	Check here if participant loan repayments are included: ✓	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending corrections in VFCP	
2011*	\$ 42,247	—	—	—	42,247
2012*	3,427	—	—	—	3,427
2012	45,548	—	—	—	45,548
2013	32,806	—	—	—	32,806
2014	2,581	—	—	—	2,581

* Related to a predecessor plan that was merged into the Liberty Interactive Plan.

See accompanying independent auditors' report.

LIBERTY INTERACTIVE 401(k) SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

Identity of issue	Description of investment	Current value
Pacific Investment Management Company LLC	PIMCO High Yield Administrative	\$ 1,757,227
Allianz Global Investors Fund Management LLC	Allianz GI NFJ Small-Cap Value Instl	4,103,254
BAMCO, Inc	Baron Growth Institutional	3,720,577
* Fidelity Management & Research Company	Fidelity Low-Priced Stock	6,742,987
* Fidelity Management & Research Company	Fidelity Spartan International Index Advg	1,493,888
* Fidelity Management & Research Company	Fidelity Freedom Income	276,934
* Fidelity Management & Research Company	Fidelity Freedom 2010	271,894
* Fidelity Management & Research Company	Fidelity Freedom 2020	2,304,142
* Fidelity Management & Research Company	Fidelity Freedom 2030	5,642,402
* Fidelity Management & Research Company	Fidelity Freedom 2040	9,902,531
* Fidelity Management & Research Company	Fidelity Freedom 2050	5,566,260
* Fidelity Management & Research Company	Fidelity Treasury Only Money Market	2,284,810
Dodge & Cox	Dodge and Cox Stock	3,588,500
Capital Research and Management Company LLC	American Funds Growth Fund of America R5	4,931,955
The Vanguard Group, Inc.	Vanguard Inflation – Protected Securities Admin	817,745
Cohen & Steers Capital Management, Inc.	Cohen & Steers Instl Global Realty	1,372,438
* Fidelity Management & Research Company	Fidelity Spartan 500 Index Institutional	8,516,154
Artisan Funds Distributer, LLC	Artisan International Institutional	4,605,775
Metropolitan West Asset Management, LLC	Metropolitan West Total Return Bond M	2,496,499
* Fidelity Management & Research Company	Brokerage Accounts	1,274,293
* Notes receivable from participants	Interest rates ranging from 3.25% to 5.25% with maturity dates through September 2027	1,217,562
	Total	\$ 72,887,827

* Indicates a party-in-interest.

The information shown on this schedule was prepared from information provided by Fidelity Management Trust Company, the Liberty Interactive Plan's trustee, and certified as complete and accurate.

See accompanying independent auditors' report.

Participant Contributions Transferred Late to the Plan		Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included ☐	Year of Correction	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
2011	2012				42,018*
	2014				229*
2012	2012				12,212
	2013				33,336
	2014				3,427*
2013	2013				32,806
2014	2014				2,581

* Related to a predecessor plan that was merged into the Liberty Interactive Plan.

PLAN # : 26031										
Plan		Service								
Number	Cusip	Fund Family Name	Code	Rate	Payor Name	Service Provider	Address Line 1	City	State	Zip Country
26031	693390700	PIMCO	60	0.03%	PIMCO TOTAL RETURN INSTL	FIDELITY INVESTMENTS INSTITUTIONAL	1633 Broadway	NEW YORK	NY	10019 US
26031	252645304	DIAMOND HILL FUNDS	60	0.05%	DIAMOND HILL SMALL CAP CLASS A	FIDELITY INVESTMENTS INSTITUTIONAL	325 John H. McConnell Blvd., Suite 200	COLUMBUS	OH	43215 US
26031	339128308	JP MORGAN	60	0.06%	JPMORGAN MID CAP VALUE FUND CLASS A	FIDELITY INVESTMENTS INSTITUTIONAL	460 Polaris Parkway	Westerville	OH	43082 US
26031	56062X641	MAINSTAY CL I & P	60	0.08%	MAINSTAY LARGE CAP GROWTH FUND CLASS I	FIDELITY INVESTMENTS INSTITUTIONAL	169 Lackawanna Ave	PARSIPPANY	NJ	7454 US
26031	416649705	HARTFORD	60	0.10%	THE HARTFORD EQUITY INCOME FD CL I	FIDELITY INVESTMENTS INSTITUTIONAL	100 Matsonford Rd, Ste 300	Radnor	PA	19087 US
26031	543487136	NATIXIS	60	0.15%	LOOMIS SAYLES INVST GRADE BOND CL Y	FIDELITY INVESTMENTS INSTITUTIONAL	399 Boylston Street, 8th Floor	BOSTON	MA	2116 US
26031	4812C1207	JP MORGAN	60	0.33%	JPMORGAN MORTGAGED BACK SECURITIES CL A	FIDELITY INVESTMENTS INSTITUTIONAL	460 Polaris Parkway	Westerville	OH	43082 US
26031	413838202	OAKMARK	60	0.35%	OAKMARK INTERNATIONAL CL I	FIDELITY INVESTMENTS INSTITUTIONAL	111 South Wacker Dr.	CHICAGO	IL	60606 US
26031	416648558	HARTFORD	60	0.35%	HARTFORD FLOATING RATE FUND CLASS A	FIDELITY INVESTMENTS INSTITUTIONAL	100 Matsonford Rd, Ste 300	Radnor	PA	19087 US
26031	471023549	JANUS NO LOAD	60	0.35%	JANUS TRITON FUND CLASS T SHARES	FIDELITY INVESTMENTS INSTITUTIONAL	151 Detroit St.	DENVER	CO	80206 US
26031	38142Y104	GOLDMAN SACHS	60	0.40%	GOLDMAN SACHS GROWTHOPPORTUNITIES CL A	FIDELITY INVESTMENTS INSTITUTIONAL	71 S. Wacker Drive, 4th Floor	CHICAGO	IL	60606 US
26031	52106N418	LAZARD	60	0.40%	LAZARD EMERGING MRKTEQUITY BLEND OPEN	FIDELITY INVESTMENTS INSTITUTIONAL	30 Rockefeller Plaza, 57th Fl.	NEW YORK	NY	10112 US
26031	87234N351	TCW FUNDS	60	0.40%	TCW EMERGING MARKETS INCOME CL N	FIDELITY INVESTMENTS INSTITUTIONAL	865 South Figuera Street	LOS ANGELES	CA	90017 US
26031	192476109	COHEN & STEERS	60	0.40%	COHEN & STEERS REALTY SHARES	FIDELITY INVESTMENTS INSTITUTIONAL	280 Park Avenue, 10th Floor	NEW YORK	NY	10017 US
26031	412295503	HARDING LOEVNER	60	0.40%	HARDING LOEVNER INTL EQUITY PORT INV	FIDELITY INVESTMENTS INSTITUTIONAL	PO Box 4766	CHICAGO	IL	60680 US
26031	592905871	METROPOLITAN WEST	60	0.40%	METROPOLITAN WEST HIGH YIELD BOND CL M	FIDELITY INVESTMENTS INSTITUTIONAL	865 South Figueroa St. #1400	LOS ANGELES	CA	90017 US

PARTY IN INTEREST -
IDENTITY - Pacific Investment M
DESCRIPTION - PIMCO High Yield Adm
COST - 0
CURRENT VALUE - 1757227

PARTY IN INTEREST -
IDENTITY - Allianz Global Inves
DESCRIPTION - Allianz GI NFJ Small
COST - 0
CURRENT VALUE - 4103254

PARTY IN INTEREST -
IDENTITY - BAMCO, Inc
DESCRIPTION - Baron Growth Institu
COST - 0
CURRENT VALUE - 3720577

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fidelity Low-Priced
COST - 0
CURRENT VALUE - 6742987

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fidelity Spartan Int
COST - 0
CURRENT VALUE - 1493888

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom Income
COST - 0
CURRENT VALUE - 276934

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom 2010
COST - 0
CURRENT VALUE - 271894

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom 2020
COST - 0
CURRENT VALUE - 2304142

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom 2030
COST - 0
CURRENT VALUE - 5642402

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom 2040
COST - 0
CURRENT VALUE - 9902531

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Freedom 2050
COST - 0
CURRENT VALUE - 5566260

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Treasury Only MM
COST - 0
CURRENT VALUE - 2284810

PARTY IN INTEREST -
IDENTITY - Dodge & Cox
DESCRIPTION - Dodge and Cox Stock
COST - 0
CURRENT VALUE - 3588500

PARTY IN INTEREST -
IDENTITY - Capital Research and
DESCRIPTION - AF Grth Fund R5
COST - 0
CURRENT VALUE - 4931955

PARTY IN INTEREST -
IDENTITY - The Vanguard Group,
DESCRIPTION - Vanguard Inf Pro Sec
COST - 0
CURRENT VALUE - 817745

PARTY IN INTEREST -
IDENTITY - Cohen & Steers Capit
DESCRIPTION - C&S Global Realty
COST - 0
CURRENT VALUE - 1372438

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Fid Spartan 500 Indx
COST - 0
CURRENT VALUE - 8516154

PARTY IN INTEREST -
IDENTITY - Artisan Funds Distri
DESCRIPTION - Artisan Int'l Instit
COST - 0
CURRENT VALUE - 4605775

PARTY IN INTEREST -
IDENTITY - Metropolitan West As
DESCRIPTION - Met West Tot Ret
COST - 0
CURRENT VALUE - 2496499

PARTY IN INTEREST - X
IDENTITY - Fidelity Management
DESCRIPTION - Brokerage Accounts
COST - 0
CURRENT VALUE - 1274293

PARTY IN INTEREST - X
IDENTITY - Notes rec from part.
DESCRIPTION - Int. Rts 3.25%-5.25%
COST - 0
CURRENT VALUE - 1217562