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

2011

This Form is Open to Public Inspection

	Complete all entries	s in accor	dance witl	h the instructions to the Form 550	0-SF.					
P	art I Annual Report Identification Inform	ation								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/201	1	and ending 1	2/31/2	2011				
Α	This return/report is for:		a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is: the first return/report		the final r	eturn/report						
	an amended return/rep	oort	a short pla	an year return/report (less than 12 mo	onths)					
C	Check box if filing under: Form 5558		automatic	extension		DFVC progra	m			
J	special extension (enter	∟ or descriptio								
	<u> </u>		,							
	art II Basic Plan Information—enter all reque	sted inform	ation							
	Name of plan				1b	Three-digit				
ABO	DA, INC 401(K) RETIREMENT PLAN					plan number (PN)	001			
					10	Effective date of				
					10	01/01/				
2a	Plan sponsor's name and address; include room or suite	number (e	mnlover if	for a single-employer plan)	2h	Employer Identif		\r		
	DDA, INC	, ridiliber (e	inployer, ii	Tot a single employer plan	20	(EIN) 20-35		7 1		
					20	Sponsor's telephone number				
0040	NAME OF THE STATE OF THE STATE AS A				20	425-861-0500				
) WILLOWS ROAD NE, SUITE 101 MOND, WA 98052				2d	Business code (see instruction	ıs)		
						72111		10)		
3a	Plan administrator's name and address (if same as plan	sponsor, e	nter "Same	3")	3b	Administrator's E	=IN			
	DA, INC 90	040 WILLO	WS ROAD	NE, SUITE 101			13592			
	R	EDMOND, '	WA 98052		3с	Administrator's t		ber		
						425-861	-0500			
4	If the name and/or EIN of the plan sponsor has changed		last return/	report filed for this plan, enter the	4b	EIN				
9	name, EIN, and the plan number from the last return/repsponsor's name	JOIL.			4c	DNI				
	Total number of participants at the beginning of the plar	woor				TIN TIN		81		
		•			5a					
b	Total number of participants at the end of the plan year.				5b			81		
С	Number of participants with account balances as of the complete this item)		,	•	5c			59		
-60							Voc □	No		
_	Were all of the plan's assets during the plan year inves	J		,			X Yes	INO		
b	Are you claiming a waiver of the annual examination an under 29 CFR 2520.104-46? (See instructions on waive						X Yes	No		
	If you answered "No" to either 6a or 6b, the plan cal			•						
Pa	art III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Vear			
·			. 7a	1639805		(b) Liid	1720235			
b	Total plan liabilities									
				1639805			1720235			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)		. 7c							
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal			
а	Contributions received or receivable from: (1) Employers		. 8a(1)							
	• • • • • • • • • • • • • • • • • • • •		` '	138237						
	(2) Participants		` '	48788						
	(3) Others (including rollovers)									
b	` '			-69001			440004			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		. 8c				118024			
d	Benefits paid (including direct rollovers and insurance p to provide benefits)		. 8d	37594						
е	Certain deemed and/or corrective distributions (see inst									
f	Administrative service providers (salaries, fees, commis									
g	Other expenses	,								
h	•						37594			
- ''	, ,						80430			
:	Net income (loss) (subtract line 8h from line 8c)						50750			
J	Transfers to (from) the plan (see instructions)		· 8j							

Form	5500.	SF.	201

Page 2 -	1
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Part IV	Plan	Characteri	stics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2K 2J 2E 3D
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				10	000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Χ					7606
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					_	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	/II Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	3a	<u> </u>				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
1:	Sc(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
 Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/		ort, in	cludin	g, if appli	cable,	a Sche	dule

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/12/2012	DAVID B. CAPLE					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/12/2012	DAVID B. CAPLE					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information		· · · · · · · · · · · · · · · · · · ·					
	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011		
A	This return/report is for: x a single-employer plan	a multiple	emplover plan	(not multiemployer)	Г	a one-participant plan		
	This return/report is:	•	eturn/report	(,	a one-participant plan			
_	an amended return/report		•					
_				eport (less than 12 mo	ntns) r	7		
C	Check box if filing under: Form 5558		extension		L	DFVC program		
	special extension (enter description							
	art II Basic Plan Information enter all requested infor	mation.				,		
та	Name of plan					Three-digit Dian number		
	ABODA, INC 401(k) RETIREMENT PLAN					PN) ► 001		
			1c Effective date of plan					
2-					<u> </u>	01/01/1998		
2a	Plan sponsor's name and address; include room or suite number (em ABODA, INC	ployer, if fo	r single-emplo	yer plan)	1	Employer Identification Number		
	·					EIN) 20-3513592		
						Plan sponsor's telephone number (425) 861-0500		
	9040 Willows Road NE, Suite 101					Business code (see instructions)		
US	Redmond WA 98052					721110		
3 <u>a</u>		er "Same")		***************************************	3b /	Administrator's EIN		
	Same	•						
					3c /	Administrator's telephone number		
					"	diministrator o telepriorio fiamber		
4	If the name and/or EIN of the plan approaches changed since the lea		and file of face their		46.			
7	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	er terminytet	ort filed for this	s plan, enter the	4b 6			
_a					4c	PN		
	Total number of participants at the beginning of the plan year				<u>5a</u>	81		
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the pla	n year (def	· · · · · ·		5b	81		
Ŭ	complete this item)				5c	59		
6a	Were all of the plan's assets during the plan year invested in eligible a					X Yes No		
b	Are you claiming a waiver of the annual examination and report of an	independe	nt qualified put	olic accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		*			· · · · X Yes No		
D	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must inst	ead use Form 5500.				
7			(a) B		1	7.7.		
' _	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year		
a b	Total plan assets	. 7a	 	1,639,805		1,720,235		
		7b						
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	. 7c		1,639,805		1,720,235		
а	Contributions received or receivable from:	all and find	-	a) Amount		(b) Total		
	(1) Employers	. 8a(1)	ļ					
	(2) Participants	8a(2)		138,237		The second second		
_	(3) Others (including rollovers)	8a(3)		48,788				
b	Other income (loss)	. 8b		(69,001)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				118,024		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		37,594				
е	Certain deemed and/or corrective distributions (see instructions)	8e		37,334				
f	Administrative service providers (salaries, fees, commissions)	8f						
g g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				37,594		
i	Net income (loss) (subtract line 8h from line 8c)	8i				80,430		
i	Transfers to (from) the plan (see instructions)				1/6/3	00, 200		
_					THE RESERVE AND ADDRESS OF THE PARTY OF THE			

	Form 5500-SF 2011		Page 2-						
Part	IV Plan Characteristics							780	
9a 1	f the plan provides pension benefits, enter the applicable pension fea	ture codes from the L	ist of Plan Characte	eristic (Codes	in the	instruction	ns [,]	
	2K 2J 2E 3D								
J I	f the plan provides welfare benefits, enter the applicable welfare featu	ire codes from the Lis	st of Plan Character	istic C	odes	in the i	nstructions	s:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributio	ns within the time pe	riod described in			1,	1		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (ry Correction Program	n)	10a		X	<u> </u>		
	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х	1			1,000,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	lelity bond, that was o	aused by fraud			 			
	or dishonesty?	• • • • • • • •		10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insurar	nce carrier,						
	insurance services or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	10e	х				7,60
f	Has the plan failed to provide any benefit when due under the plan?			10f	1100	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o					х			***
h	If this is an individual account plan, was there a blackout period? (Se	e instructions and 29) CFR	109		7.7			
:	2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10i					
Part	VI Pension Funding Compliance			1		_		Printer and the second	STREET, STREET
11	Is this a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see inst	tructions and compl	ete Sc	hedul	e SB (Form		
12	5500))								es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate		412 of the Code of	secuc	n 302	OTEH	IISA? .	. L 146	S X INO
а	If a waiver of the minimum funding standard for a prior year is being	-	ı vear, see instructio	ons. ar	nd ent	er the	date of the	letter nulir	na
14	granting the waiver		Mon	ith		Day	/	Year	.9
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		Г	12b	Τ		
C	Enter the amount contributed by the employer to the plan for this plan					120 12c	 		
d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the				. -	120			
	negative amount)	• • • • • • •	• • • • • •		. L	12d			
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	<u> </u>		•		Yes	□No	□ N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year				٠ <u>-</u>		<u> </u>	. <u></u> Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another	plan, or brought und	der the	contr	rol			- [-7]
С	If during this plan year, any assets or liabilities were transferred from	this plan to another p	olan(s), identify the p	· · olan(s)	to .	• •	• • •	. <u></u>	s X No
	which assets or liabilities were transferred. (See instructions.)				<u>.</u>				
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
******					*****				***************************************
Cautio	n: A penalty for the late or incomplete filing of this return/report v	will be assessed unl	ess reasonable ca	use is	estal	blishe	d.		
Under	penalties of perjury and other penalties set forth in the instructions, I o	leclare that I have exa	amined this return/re	eport, i	includ	ing, if a	applicable,	a Schedu	ıle
belief,	Schedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	the electronic versio	n of this retum/repo	rt, and	to the	e best	of my knov	wledge an	d
SIGN		7/9/12	DAVID			00	سحدا		
HER		Date	Enter name of ind					ietrator	
SIGN		7/9/12	Day of			_	ett	iiotiatUI	
HER		Date	Enter name of indi					ır nlan coc	neor
_			L Harris Or illul	· · · · · ual	Signill	·yast	mpioyet 0	יי µימוו 500	11301