## 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

2012

This Form is Open to Public Inspection

			F Complete all entries in ac	cordance with the motiful	cions to the roini 330	<i>1</i> 0-31 .		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)	)	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		•	special extension (enter descr	ription)				
P	art II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a	Name	of plan	·			1b	Three-digit	
ABO	DA, INC	401(K) RETIREMENT	ΓPLAN				plan number	
						_	(PN) <b>•</b>	001
						1C	Effective date of 01/01/	•
22	Dlan er	onsor's name and add	dress; include room or suite numbe	or (omployer if for a single	omployor plan)	2h		
	DA, INC		aress, include room or suite number	er (employer, ii for a single-	employer plan)	20	Employer Identification (EIN) 20-35	
						20	Sponsor's telep	hone number
9 <u>0</u> 40	. WILLO	WS ROAD NE, SUITE	: 101			20	425-86	
		WA 98052	. 101			2d	Business code (	see instructions)
							72111	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
						20	A -1 '- '- 1 1 1 1 1	-1
						30	Administrator's t	elephone number
4	If the n	ame and/or EIN of the	e plan sponsor has changed since t	the last return/report filed fo	or this plan, enter the	4b	EIN	
_		•	mber from the last return/report.			4-		
_		or's name				4c	PN	
5a			at the beginning of the plan year			5a		87
b			at the end of the plan year			5b		87
С			account balances as of the end of t			5c		65
6a	•	•	s during the plan year invested in e			-		X Yes No
b			the annual examination and repor					
			? (See instructions on waiver eligible					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau	use is	established.	
			her penalties set forth in the instruc					
		rue, correct, and comp	nd signed by an enrolled actuary, a plete.	is well as the electronic vers	sion of this return/repor	ı, and	to the best of my	knowledge and
	•	•		1	1			
SIG		Filed with authorized/	valid electronic signature.	06/04/2013	DAVID B. CAPLE			
	IVE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIG		Filed with authorized/v	valid electronic signature.	06/04/2013	DAVID B. CAPLE			
		Signature of employ		Date	Enter name of individ	_		
Pre	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Prep	parer's telephone	number (optional)	

Form 5500-SF 2012 Page **2** 

Da	t III Financial Information		<u> </u>							
	rt III   Financial Information		1 () 5		_					
	Plan Assets and Liabilities	_	(a) Beginning of Yea		+		(b) End of		_	
	Total plan liabilities	. 7a	172023	55				165414	5	
	Total plan liabilities	7b 7c	470000	\ <u></u>	+			105111	_	
	Net plan assets (subtract line 7b from line 7a)			1720235				165414	5	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	<u> </u>		
а	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	15649	95						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	20108	85						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						35758	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	42367	'O						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						42367	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-6609	0	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics				•					
9a	If the plan provides pension benefits, enter the applicable pension 2K 2J 2E 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructions	3:		
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	Δr	nount		
а				10a		X	7111			
b		? (Do not	include transactions reported	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				1000	000
d	<u> </u>			100					1000	000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e	X				8	026
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (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 2520.10			10i						
Part	1 1 1									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form						No			
112	Enter the amount from Schedule SB line 39					11a				
12	П. П.						No			
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, UI 3C	JUIOII	JUZ UI		. 00	^	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and (	enter th		letter ru	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day				
	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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	<b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
Γ				
Part	VIII Trust Information (optional)			
	Name of trust DA INC 401K RETIREMENT PLAN & TR		rust's EIN 11695004	

Form 5500-SF 2012

Page **3** - 1

## 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 FEOR SE

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

-		Complete all entires in acc	Cordance with the mistr	actions to the Form 550	)U-Sr.	
200	art Annual Report calendar plan year 2012 or fise	Identification Information	01/01/2012	and and be	30/27/004	
		<del></del>		and ending	12/31/2012	
	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-par	ticipant plan
В	This return/report is:	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	um/report (less than 12 m	nonths)	
C	Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descrip	otion)			
P	art II Basic Plan Info	rmation enter all requested in	nformation			
-	Name of plan				1b Three-digit	
	ABODA, INC 401(k) R	ETTREMENT PLAN			plan number	001
	The second series and series are series and series and series and series and series and series are series and series and series and series are series are series and series are				(PN) ► 1c Effective date	
					01/01/19	
2a		dress; include room or suite numbe	r (employer, if for a single	employer plan)		entification Number
	ABODA, INC				(EIN) 20-	
					2c Sponsor's te	lephone number
	9040 Willows Road N	E, Suite 101			(425) 86	
						de (see instructions)
	Redmond	WA 98052	-		721110	
эa	Plan administrators name an	nd address X Same as Plan Spor	nsor Name   Same as	Plan Sponsor Address	3b Administrato	r's EIN
					3c Administrato	r's telephone number
4	If the name and/or FIM of the	plan sponsor has changed since the	to lost return/report filed	arthia alar isatastas	4b EIN	
7		ber from the last return/report.	ie iast returnireport med	or this plan, enter the	40 EIN	
a	Sponsor's name				4c PN	
5a	Total number of participants a	at the beginning of the plan year	*****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	87
b	Total number of participants a	at the end of the plan year	*************	**************	5b	87
C		ccount balances as of the end of th			_	
60					5c	65
		during the plan year invested in elig			************	X Yes No
IJ		the annual examination and report of (See instructions on waiver eligibility)				Was Chi
		her line 6a or line 6b, the plan car	, ,,,,,,	and must instead use F		X Yes No
Ca		or incomplete filing of this return				
		ner penalties set forth in the instruct			<del></del>	nionhlo a Cahadula
SB	or Schedule MB completed ar	nd signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	t, and to the best of	my knowledge and
be	fief, it is true, correct, and comp	olete.				
S	IGN					
Н	ERE Signature of plan admi	nistrator	Date	Enter name of individua	al signing as plan ad	ministrator
o.	an Fullation		5-30-13	Erika Hee		
	ERE Signature of employer/	plan sponsor	Date	Enter name of individua	***************************************	er or nian enomeor
	32.841 Y	ame, if applicable) and address; inc		<u> </u>	,	ne number (optional)
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,		(Spasier)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	1,720,2	35			1,654,145
b Total plan liabilities	7b				<u></u>	
C Net plan assets (subtract line 7b from line 7a)	7 <b>c</b>	1,720,2	35			1,654,145
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
Contributions received or receivable from:     (1) Employers	8a(1)		0			
(2) Participants	8a(2)	156,4	95	,à	1000	
(3) Others (including rollovers)	8a(3)		0			Total and
b Other income (loss)	8b	201,0	85			Part Control
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	423,6	70			357,580
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f		***************************************			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3		423,670
i Net income (loss) (subtract line 8h from line 8c)	81		2 1 9 0			(66,090)
Transfers to (from) the plan (see instructions)	8j			4	14.7°	
Part IV Plan Characteristics	A					***************************************
9a If the plan provides pension benefits, enter the applicable pension fea	iture code	s from the List of Plan Charact	eristic	Code	s in the	instructions
2K 2J 2E 3D					<b>U</b> 137 (1370)	moraonono.
h If the plan assuides walfare honefits, anter the applicable walfare feet	ora andon	form the Link of Disa Channels		O = d = =	S - 41 2	
b If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	ristic	Codes	in the i	nstructions:
Compliance Overtions					······································	
Part V Compliance Questions				T.,		
10 During the plan year:		Alan Alman and a district of the	Т	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)	ary Correc	tion Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?	***************	*********************************	10c	х		1,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?		•	10d		х	
e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of						NOTES - 100
instructions.)			10e	х		8,026
f Has the plan failed to provide any benefit when due under the plan?		<del></del>	10f		x	
			<del> </del>			
g Did the plan have any participant loans? (If "Yes," enter amount as			10g		X	
h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х	
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-			10i			
Part VI Pension Funding Compliance			***************************************		***************************************	
11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39	***********	***************************************			11a	<del></del>
12 Is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code o	rsect	ion 302	of ER	ISA? Yes 🗓 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		· · · · · · · · · · · · · · · · · · ·				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
If you 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 year12b						

	Form 5500-SF 2012	Page 3-					
				·			
<u> </u>	Enter the amount contributed by the employer to the plan for this p	lan year	********	12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign to the left	of a	12 <b>d</b>			
e	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?			Yes 🗌	No N/A	
Part	VII Plan Terminations and Transfers of Assets			·····			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan ye	ar?	**********	☐ Ye	s X No		
	If "Yes," enter the amount of any plan assets that reverted to the er	nployer this year	*************	13a			
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another plan, or brought	under the co	ntrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						
1	I3c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3) PN(s)	
				<u></u>			
				***************************************			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Tr	14b Trust's EIN		
ABODA INC 401K RETIREMENT PLAN & TR		:	91-1695004				