For	m 5500-SF		al Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee			2013		
	epartment of Labor enefits Security Administration	(a) of	This Form i	s Open to Public				
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550)-SF.	Int	spection	
Part I		entification Information		and an diam.	0/04/4			
For calenda	ar plan year 2013 or fisca	7 · · · · ·		C	2/31/2	2013		
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter description	ו)					
Part II	Basic Plan Inforn	nation—enter all requested informa	tion					
1a Name	•				1b	Three-digit		
ACCOUNTA	BILITY SERVICES, LLC					plan number (PN) ▶	001	
					1c	Effective date o		
						01/01	•	
2a Plan sp	consor's name and addre	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi	fication Number	
ACCOUNTA	BILITY SERVICES, LLC						76745	
					2c	Sponsor's telep		
5508 35TH A SUITE 105	VENUE NE				24	206-52		
SEATTLE, V	VA 98105				20	Business code	(see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's		
					•••			
					3c	Administrator's	telephone number	
name,	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ist return/report filed fo	or this plan, enter the		EIN		
a Sponse		the beginning of the plan year			4c	PN T		
		0 0 1 3			5a		2	
		the end of the plan year			5b		1	
		count balances as of the end of the pl		•	5c		1	
		uring the plan year invested in eligible					X Yes No	
		e annual examination and report of a See instructions on waiver eligibility a					🗙 Yes 🗌 No	
		er line 6a or line 6b, the plan canno						
-		plan, is it covered under the PBGC ins					Not determined	
							2	
		incomplete filing of this return/report r penalties set forth in the instructions					abla a Sabadula	
SB or Sche		signed by an enrolled actuary, as we						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sid	ning as employe	er or plan sponsor	
Preparer's		ne, if applicable) and address; include			-		number (optional)	
					-			

Plan Assets and Labilities Total plan assets Total plan asset Total pl			(a) Beginning of Yea	ar	(b) End of Year		
c Not plan assets (subtract line 7b from line 7a)	a Total plan assets	7a					
Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions neceived or receivable fort: 8a(1) 27715 (2) Participants. 8a(2) 23000 (3) Others (including rollowers). 8a(3)		7b					
a Contributions received or receivable from: a Contributions received or receivable from: Ba(1) 27515 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	13507	7			221713
(1) Employers 8a(1) 27615 (2) Participants 8a(2) 23000 (3) Others (including collovers) 8a(3) 23000 C Total income (ded lines 8a(1), 8a(2), 8a(3), and 8b) 8c 87599 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 805 C Control dement onlow concluse distributions (see instructions). 8c 805 C Cartain dema and/or concluse distributions (see instructions). 8c 805 G Other expenses 8g 605 G Other expenses 8g 605 Transfers to (from) the plan sensor benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ZA ZE ZS ZS ZS D Dromp the plan year: Yes No Amount 2a ZE ZS ZS ZA ZS ZS ZS ZS ZS ZA ZS ZS ZS ZS ZS ZS ZA ZS ZS ZS ZS ZS <td>Income, Expenses, and Transfers for this Plan Year</td> <td></td> <td>(a) Amount</td> <td></td> <td></td> <td></td> <td>(b) Total</td>	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(1) Participants 84(2) 23000 (3) Others (including proliveres) 84(3) 4 (3) Others (including proliveres) 84(3) 37084 (2) Participants 84(3) 37084 (2) Descriptions 84(3) 37084 (2) Descriptions 84(3) 37084 (2) Descriptions 84(3) 37084 (2) Descriptions 84(3) 37084 (3) Others (including proliveres) 84(3) 605 (4) Example of the service provides resents benefits, enter the service provides resents benefits, enter the service provides resents benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: (4) V Pan Characteristics 86 (5) Diff the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (5) Diff the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (4) V Compliance Questions 10a X (5) Diff the plan provides pension benefits, e				_			
(a) Other income (loss) Ba(3) (b) Other income (loss) Bb (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bd (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bd (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bd (c) Total income (add lines 8d, 8e, 8f, and 8g) Bf (c) Transfers to (from) the plan (see instructions) Bg (c) Transfers to (from) the plan (see instructions) Bg (c) Transfers to (from) the plan (see instructions) Bg (c) Attra Plan Characteristics Ba (c) Muring the plan year: Ag(2) (c) Compliance Questions V (c) Was the plan oxeempt transactions with any participant contributions within the time pariod described in one file. (c) Was the plan oxeempt transactions with any participant contributions actions reported on on line 103, owned was allows, whether on rot reimbursed by the plan's fidelity bond, that was caused by fraud or disnoresity? (c) Was the plan oxeempt transactions							
b Other income (loss) 8b 37084 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 87599 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 605 C Contain deemed and/or corrective distributions (see instructions) 8d 605 G Centain deemed and/or corrective distributions (see instructions) 8d 358 G Other expenses 8g 9d In Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 8d336 In Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 8d336 In Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 8d336 In Total expenses (add lines 8d, 8e, 8f, and 8g) 8d 8d336 If The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: In The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: In the plan portide and the plan any participant contributions within the time period deecribed in 10a X V Compliance Questions			2300	0			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			2700	4			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			3706	4	_		07500
to provide benefits)		8C			_		87599
f Administrative service providers (salaries, fees, commissions)		. 8d	60	5			
Prominatative provides provides (valuates): fixed; commissions) b 0 Other expenses: 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 Net income (loss) (subtract line 8h from line 8c) 8i 2 Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 2 2 2 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 2 2 2 2 0 During the plan year: Yes No Amount 2 0 During the plan year: Yes No Amount 0 0 During the plan year: Yes No Amount 2 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2 CW as there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10c X 0 Were any fees or commissions paid to any brokers, agents,		8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 963 i Net income (loss) (subtract line 8h from line 8c) 8i 86636 j Transfers to (from) the plan (see instructions) 8j 86636 Part IV Plan Characteristics 8j 86 Data If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D If the plan provides weffare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D Amount 0 During the plan year: V Compliance Questions 10a X 2 0 During the plan year: 10a X 2 2FF 2G 10.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2 0 Was there a failure to transmit to the plan any participant contributions within the time period described in ine 10a.) 10a X 2 c Was there any nonexempt transactions with any parti-in-interest? (Don tinclude transactions reported on ine 10a.) 10b X 2	f Administrative service providers (salaries, fees, commissions)	8f	35	8			
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	. 8g					
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					963
Part IV Plan Characteristics Data If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions O During the plan year: Yes No Amount a 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)	Net income (loss) (subtract line 8h from line 8c)	. 8i					86636
Date If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 24 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a 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)	Transfers to (from) the plan (see instructions)	·· 8j					
0 During the plan year: Yes No Amount a 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)	2A 2E 2F 2G 2J 3D						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X b Were there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program)							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a A b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b X c Was the plan covered by a fidelity bond? 10c X 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 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g X X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g X X f Has the plan failed to providing the notice applied under 29 CFR 2520.101-3. 10h X X g Did the plan subject to minimum funding requirements? (If "Yes," see instructions and complete				ľ	Yes	No	Amount
on line 10a.) 10b ^ C Was the plan covered by a fidelity bond? 10c X 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 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X X i 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 10h X X extre VI Pension Funding Compliance 10i Image: Second 10 the second 10 the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS? Image: Yes X 113 Enter the unpaid mi	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Correct	tion Program)	10a		X	
c Was the plan towered by a indenty boild? inc inc inc d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ind ind ind ind e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) inde inde inde inde f Has the plan failed to provide any benefit when due under the plan? inde inde <td></td> <td></td> <td>-</td> <td>10b</td> <td></td> <td></td> <td></td>			-	10b			
or dishonesty? 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i 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 i 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 i 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 i 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 i 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 i Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) i Is this a defined contribution plan subject to the mi	c Was the plan covered by a fidelity bond?			10c		~	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			,	10d		x	
Image the plan hale do provide any benefit when due didder the plan? 10r Image the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service, or other organization that provides some or all	I of the benefit	s under the plan? (See	10e		x	
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	${f f}$ Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i 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	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10a		Х	
 i 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	h If this is an individual account plan, was there a blackout period?	(See instructi	ons and 29 CFR	Ű		х	
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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. 	i If 10h was answered "Yes," check the box if you either provided t	the required no	otice or one of the	10i			
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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. 	art VI Pension Funding Compliance			-			
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 	1 Is this a defined benefit plan subject to minimum funding requiren						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	1a Enter the unpaid minimum required contribution for current year	from Schedule	SB (Form 5500) line 39		1	1a	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver			· · ·)2 of	ERISA? Yes 🛛
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.						1 a a 1 a	a data of the latter ruling
	a If a waiver of the minimum funding standard for a prior year is bei	-			and en	_	-

-				
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	res 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 of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust OUNTABILITY SERVICES, LLC 401(K)		rust's EIN 73453537	

Form 5500-SF	ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4			nd 4065 of the Employee		2013		
Department of Labor Employee Benefits Security Administration	(a) of	orm is Open to Public					
Pension Benefit Guaranty Corporation	Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						
	dentification Information	01/01/0010		12/21/201	2		
For calendar plan year 2013 or fisca		01/01/2013	and ending	12/31/201	No. and Mark and		
A This return/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	articipant plan		
B This return/report is:	the first return/report	the final return/report					
[an amended return/report	a short plan year retu	m/report (less than 12 m				
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	rogram		
Ī	special extension (enter description	on)					
Part II Basic Plan Infor	mation enter all requested info	ormation					
1a Name of plan				1b Three-digit			
Accountability Servi				plan numbe (PN) ►	er 001		
Accountability Servi	Ces, Inc			1c Effective da	ate of plan		
2a Plan sponsor's name and add	ress; include room or suite number (employer, if for a single	-employer plan)		dentification Number		
Accountability Servi	.ces, LLC			12033 02 97	-0576745		
					telephone number		
5508 35th Avenue NE				(206) 5			
Suite 105				2d Business c 541213	ode (see instructions)		
US Seattle	WA 98105			1211111111	La de ETN		
3a Plan administrator's name and	address X Same as Plan Spons	sor Name Same as	Plan Sponsor Address	3b Administrat	tor's EIN		
				3C Administrat	tor's telephone number		
4 If the name and/or EIN of the	plan sponsor has changed since the	last return/report filed f	or this plan enter the	4b EIN			
name, EIN, and the plan numb	per from the last return/report.	a last returnine port mod r					
a Sponsor's name				4c PN			
5a Total number of participants a	t the beginning of the plan year			5a	2		
	t the end of the plan year			5b	1		
2005 A	count balances as of the end of the			5c	1		
	·						
	uring the plan year invested in eligib			20)			
b Are you claiming a waiver of the	he annual examination and report of See instructions on waiver eligibility	and conditions)	a public accountant (ion		X Yes No		
	er line 6a or line 6b, the plan can						
c If the plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes [No Not determined		
	and here and the state of the s	and the second					
	r incomplete filing of this return/r er penalties set forth in the instruction						
SB or Schedule MB completed and	d signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	t, and to the best of	of my knowledge and		
belief, it is true, correct, and compl	lete.	9	A				
SIGN			Elizabeth Mance		1995		
HERE Signature of plan administrator Date Enter name of individ				al signing as plan	administrator		
EAM	inductor.	4-11-2014					
SIGN	n ,	Date	Enter name of individua	al signing as empl	over or plan sponsor		
HERE Signature of employer/	ame, if applicable) and address; inclu		the second se		hone number (optional)		
Freparer's name (including intrine	ine, il applicable/ and address, inch		or (optional)				
			15		The Last Strates in		
For Paperwork Reduction Act N	otice and OMB Control Numbers,	see the instructions f	or Form 5500-SF.		Form 5500-SF (2013)		
· · · · · · · · · · · · · · · · · · ·					v.130118		

Form 5500-SF 2013

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Part III Financial Information		(a) Beginning of Year			(b)	End of Y	ear
Plan Assets and Liabilities	7.	(a) beginning of real 135,07	7		(-/		221,713
a Total plan assets	7a	135,07	1				2227.20
b Total plan liabilities	7b	135 07	7				221,713
C Net plan assets (subtract line 7b from line 7a)	7c	135,07 (a) Amount	/			(b) Tota	to a second s
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Allount	10000	-		(0) 1010	
Contributions received or receivable from: (1) Employers	8a(1)	27,51	5		Server 1		
(2) Participants	8a(2)	23,00	0		State of	1	a section and
(3) Others (including rollovers)	8a(3)						
O Other income (loss)	8b	37,08	4	26	Sank		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12			- Course	87,599
Benefits paid (including direct rollovers and insurance premiums						No.	
to provide benefits)	8d	60	5				
Certain deemed and/or corrective distributions (see instructions)	8e						
Administrative service providers (salaries, fees, commissions)	8f	35	8	-2-			
Other expenses	8g		_			19313	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				- Via na		963
Net income (loss) (subtract line 8h from line 8c)	8i	A Summer of States					86,636
Transfers to (from) the plan (see instructions)	8j			146			
Part IV Plan Characteristics							
Part V Compliance Questions				Yes	No	An	nount
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 	ons within th	be time period described in	1000				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correcti	on Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10Ь		x		
C Was the plan covered by a fidelity bond?			10c	-	x		
d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or othe	er persons b	y an insurance carrier,					
insurance service, or other organization that provides some or all o	of the benefit	ts under the plan? (See	10e		x		
instructions.)			10c		x		
f Has the plan failed to provide any benefit when due under the plan	i?		101		- 1022		
g Did the plan have any participant loans? (If "Yes," enter amount as	of year end	i.)	10g		x		
h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ions and 29 CFR	10h	1	x	Kasta	
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	e required n -3	otice or one of the	10i				
Part VI Pension Funding Compliance							
 Is this a defined benefit plan subject to minimum funding requirements and line 11a below) 	ents? (If "Ye	s," see instructions and comp	lete S	Schedu	ile SB (Fo	rm	Yes X
11a Enter the unpaid minimum required contribution for current year fro					11a		
12 Is this a defined contribution plan subject to the minimum funding r			r sect	tion 30	2 of ERIS	A?	Yes X N
(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le.)		-			
			2	and as	tor the de	to of the	lattor ruling
a If a waiver of the minimum funding standard for a prior year is bein	ng amortized	l in this plan year, see instruct Mo	ions, nth	and er	_ Day _		Year
 a If a waiver of the minimum funding standard for a prior year is bein granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule 		Mo	ions, nth _	and er	_ Day _		Year

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C	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗆 Yes	
Part	VII Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted in any plan year?	🗌 Yes 🗶	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 of the PBGC?		Yes X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	
1	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN
Accountability Services, LLC 401(k)	27-3453537