## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.	ins	spection
Part I	Annual Report	Identification Information				I	
For calend	•	scal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	)	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Info	rmation—enter all requested inform	ation				
1a Name					1b	Three-digit	
ABODA, INC	401(K) RETIREMEN	T PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	
20 Dlan a		deservingly de manage au sylite av male au (a	and a second		Ol-		/1998
ABODA, INC		dress; include room or suite number (e	employer, ir for a single-	employer plan)	2D	Employer Ident (EIN) 20-35	fication Number
					2c	Sponsor's telep	
9040 WILLC REDMOND,	OWS ROAD NE, SUITE WA 98052	= 101			2d		(see instructions)
					Zu	7211	
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
4							
		e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	, Lin, and the plan hul or's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		97
_		at the end of the plan year			5b		97
		account balances as of the end of the			30		97
		account balances as of the end of the		•	5c		64
_		s during the plan year invested in eligib					X Yes No
		the annual examination and report of					X Yes □ No
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan canr	,			5500	N 163   140
_		it plan, is it covered under the PBGC in			_		Not determined
C ii tile i	Jian is a delined bener	it plan, is it covered under the FBGC if		ENISA SECTION 4021):		Les Divo F	] Not determined
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruction					
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as w plete.	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
	I			1			
SIGN	Filed with authorized/	valid electronic signature.					
HEKE	HERE Signature of plan administrator Date Enter name of indiv				ual siç	gning as plan adı	ministrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual siç	ning as employe	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; includ	de room or suite numbe				number (optional)
i)							

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		П		(b) End o	f Voor			
	Total plan assets						(b) Ella c	21082	262		
	Total plan liabilities	7b			+						_
	Net plan assets (subtract line 7b from line 7a)	76 7c	165463	7	+			21082	62		_
	Income, Expenses, and Transfers for this Plan Year	70		•	+		(b) To				_
	Contributions received or receivable from:		(a) Amount				(b) Total				
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	18705	8							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	29048								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4775	38		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2391	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						239	913		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i						4536	325		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>								_	
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
D	(V. Osmarlianas Osmarliana									—	
Par	•			1						—	
10	During the plan year:			I	Yes	No	,	lmoun	t		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				100	0000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		X					701	
	instructions.)			10e						795	5/
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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											_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пу	es >	 7 N	No
110	Enter the unpaid minimum required contribution for current year fr							Ш.,	, , ,	<u>'''</u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		,		-	11a	EDICAG	Пу	- N		\ <u></u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Y	es >	<u> </u>	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and .	antar ti	l ne data of th	a lottor	rulin		
	granting the waiver.		Mon		, and t	Day		e letter /ear	ruill	<del></del>	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46:	1				
h	Enter the minimum required contribution for this plan year				[	12b	1				

Page	3 -	. 1	
raye	J		

С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	art VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	🔲 🗅	′es X No	ı				
	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	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) which assets or liabilities were transferred. (See instructions.)	to						
	(3c(1) Name of plan(s):	<b>13c(2)</b> E∣	N(s)	13c(3) F	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust DA INC 401K RETIREMENT PLAN & TR		rust's EIN 11695004					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Coperiment of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

FIX.	Pendagi (desait Committy Corporation	Complete all entries in a		ctions to the Form 5500	)-8F.			
		Identification Information		and andles		124 10042		
	calendar plan year 2013 or fi	P-4	01/01/2013	and ending	12/	/31/2013		
Α	This return/report is for:	a single-employer plan	a multiple-amployer;	alan (not multiamployar)	L_	a one-partici	pant plan	
В	This return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year reti	m/report (less than 12 m	onths)			
С	Check box if filing under:	🛣 Form 5558	automatic extension			DFVC progra	am.	
		special extension (enter descr	riplion)					
P	art II Basic Plan Info	ormation enter all requested	Information					
-	Name of plan					hree-digit		
	ABODA, INC 401(k)	RETIREMENT PLAN				lan number PN)≽	001	
						ffective date of		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ABODA, INC						mployer Ident EIN) 20-35	Mication Number 13592	
						ponsor's telep		
	9040 Willows Road 1	NE, Suite 101				425) B61-		
		•					(see instructions)	
_	Redmond	WA 98052				21110		
3a	Plan administrator's name a	nd address X Same as Plan Sp	onsor Name 💹 Same as	Plan Sponsor Address	3b A	and artainimb	EIN	
					3¢ A	dministrator's	telephone number	
4		e plan sponsor has changed since mber from the last return/report.	the last return/report filed (	or this pian, enter the	4b EIN			
a	Sponsor's name	•			4c P	N		
<u>5a</u>	Total number of participants	at the beginning of the plan year	************	*************	5a	7. USU	97	
b		at the end of the plan year			5b		97	
<u>с</u> —		account balances as of the end of			5c		64	
6a	Were all of the plan's assets	during the plan year invested in el	igibie assets? (See Instruc	ions.)	***********	***********	XYes No	
þ	•	the annual examination and repor	•	•	•			
		? (See Instructions on waiver eligible	- , ,				X Yes No	
_		ther line 6a or line 6b, the plan c fit plan, is it covered under the PBG						
c	It the balt is a deliked delig	in pain, as it covered united the Fisc	oc anaoranica brođesni (sec	ERISA SECION 4021)7		JY65 LJNO	Not determined	
$\overline{}$		or incomplete filing of this retur						
SE	nder pensities of perjury and o 3 or Schedule MB completed a ilef, it is true, coffect, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete	ctions, I declare that I have as well as the electronic ve	examined this return/report, raion of this return/report,	ort, Incl and to	uding, if applic the best of my	able, a Schedule knowledge and	
	CAVINDO		Tallialid	15-V6 H0	2 -			
Dillion of the				CONCEPTE				
Н	ERE Signature of plan adm	inistrator	Date	Enter name of individual	signing	es pian admir	nistrator	
8								
	ERE Signature of employe		Date	Enter name of individual				
Pri	eparer's name (including firm :	name, if applicable) and address; (i	rclude room er suite numb	er (optional)	Prepare	ar's telephone	number (optional)	
				To a second				

Par	Part III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Year	-	T		(b) End of	Year		
	otal plan assets	7 <b>a</b>	1,654,63	1,654,637			2,108,262			
	otal plan Habilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1,654,63	37				2,108,262		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
	Contributions received or receivable from:  1) Employers									
	2) Participants	5a(2)	187,0	58	8430			$\mathcal{X}_{i} = \mathcal{Y}_{i} + \mathcal{Y}_{i} \times \mathcal{Y}_{i}$		
	3) Others (Including rollovers)			Hodalin III.						
								5.5.5.5.4		
d E	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	23,91	L3			lie og þ	477,538		
	Certain deamed and/or corrective distributions (see instructions)	80			ogent ver					
-	Administrative service providers (salaries, fees, commissions)	8f	·							
	Other expenses	8g	<del></del>		3000					
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h				411 2 14 11 7		23,913		
	let income (loss) (subtract line 8h from line 8c)	81						453,625		
	ranafers to (from) the plan (see instructions)	81		- Parintal Color	9900	2 <b>(</b> 5)		75 Wei (8) 26 Gr 257		
Liver Shares	t IV Plan Characteristics				<b>a</b> .:					
-	f the plan provides pension benefits, enter the applicable pension fa	atura mode	e from the Liet of Dian Characte	aria tir	Code	n la sh	a instruction	<u> </u>		
34 1	The plan provides pension desents, enter the applicable pension is 2K 2J 2E 3D	HILLIA COUL	AS THUS DIE COST OF FRANCISCO	an Hadiri	Code	. B. U.	a manacaa	ne.		
-+		<u></u>								
b	f the plan provides welfare benefits, enter the applicable welfare fea	iture codes	i from the List of Plan Character	ristic (	Codes	in the	instructions	<b>):</b>		
Par	t.V Compliance Questions									
10	During the plan year:				Yes	No	A	mount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc			10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?		······································	10c	x			1,000,000		
d		fidelity bon	d, that was caused by fraud							
	or dishonesty?			10d		x				
	insurance service, or other organization that provides some or all o			10•	x			7,957		
f	Has the plan falled to provide any benefit when due under the plan	17	************************************	101		x				
a	Did the plan have any participant loans? (if "Yes," enter amount as	s of year e	nd.)	10a		I				
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See Instru	ctions and 29 CFR	10h		x				
ī	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	notice or one of the	101						
Per	VII Pension Funding Compliance			1		L.,,				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			lete S	Schodu	le SB	(Form	☐ Yes 🗷 No		
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding	emeniupen	nts of section 412 of the Code o	r sec	ton 30	2 of E	RISA?	Yes X No		
	(if "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below,	<del></del>								
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amortiza	ed in this plan year, see instructi	ions, ith	and er		date of the	letter ruling Year		
lfy	ou completed line 12s, complete fines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2013		Page 3-					
	Enter the amount contributed by the employer to the plan for this	plan year			120			· · · · · · · · · · · · · · · · · · ·
d	Subtract the amount in line 12c from the amount in line 12b. Entenegative amount)	7	•		12d			
8	Will the minimum funding amount reported on line 12d be met by	the funding deadling	e?	********		Yes	□ No	□ N/A
Part	VII Plan Terminations and Transfers of Assets	8						
13a	Has a resolution to terminate the plan been adopted in any plan y	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 of the PBGC?		other plan, or broug	ht under the co	introl		☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred fi which assets or liabilities were transferred. (See Instructions.)	rom this plan to ano	ther plan(s), identit	y the plan(s) to				
	3c(1) Name of plan(s):	<u> </u>		130	(2) EIN	(5)	13c(	) PN(s)
Part	VIII Trust Information (optional)						<b> </b>	
14a !	lame of trust				14b T	rusta E	IN	
ABODA INC 401K RETIREMENT PLAN & TR				91-1695004				

.