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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ACCOUNTABILITY SERVICES, LLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ACCOUNTABILITY SERVICES, LLC (EIN) 20-0576745 Sponsor's telephone number 206-522-0110 5508 35TH AVENUE NE SUITE 105 Business code (see instructions) SEATTLE, WA 98105 541213 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature **SIGN HERE**

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN **HERE** Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a sunder answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		Пи	X Ye	es	No No
Par				, .		1	ш	ш .			
			(a) Denimina of Ven	_			/b\ F		V		
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) E	na ot		1978	
	Fotal plan assets	7a 	2211	10	+				23	1370	
	Fotal plan liabilities	7b	2217	110					20	1978	
	Net plan assets (subtract line 7b from line 7a)	7c	2217	13						1970	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	290	000							
	2) Participants	8a(2)	230	000							
	3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	182	265							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7	0265	
	Benefits paid (including direct rollovers and insurance premiums	00							•	0200	
	o provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f .	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							7	0265	
	Fransfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics	٠,									
b Part	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instr	uction	S:		
10	During the plan year:				Yes	No		Aı	noun	t	
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Cor	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	er person of the ber	s by an insurance carrier, nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	uctions and 29 CFR	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	ne require	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year fro					11a					
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA?		Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			50							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ıg amortiz	ed in this plan year, see instruc		, and e	enter th	ne date		letter ear	rulinç	9

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and s	kip to line 1	3.				
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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?				Yes	No N/A	
Part	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 the	his year			. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?						Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)							
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

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

or calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplor a foreign plan the final return/report	olan (not multiemployer oyer information in acco : urn/report (less than 12	ordance with the form	
Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
a list starte etcot acció ati	special extension (enter desc			nd) you along to all the	42-14-12
Part II Basic Plan In a Name of plan	formation enter all requested	d information		46	
	rvices, LLC 401(k) Plan			1b Three-digit plan number (PN) ▶ 1c Effective dat	001
				01/01/20	
Accountability Se	address; include room or suite numb	ber (employer, if for a single	e-employer plan)	2b Employer Id (EIN) 20- 2c Sponsor's te (206) 52	lephone number
5508 35th Avenue NE Suite 105					de (see instructions)
US Seattle WA 98105	and address X Same as Plan Sp	onsor Namo		3b Administrato	do EIN
				3c Administrato	r's telephone number
name, EIN, and the plan n	the plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	r's telephone number
name, EIN, and the plan n Sponsor's name	umber from the last return/report.	iod po spires, sed turber provi is the protect flower of the Da		4b EIN 4c PN	att skir ni or poli set uniti and odi Americalisa (1033) dission set
name, EIN, and the plan n Sponsor's name Total number of participan	umber from the last return/report. ts at the beginning of the plan year			4b EIN 4c PN	and and on on one and
name, EIN, and the plan n Sponsor's name Total number of participan Total number of participan Number of participants witl	ts at the beginning of the plan year ts at the end of the plan year the account balances as of the end of	the plan year (defined ben	efit plans do not	4b EIN 4c PN . 5a . 5b	att skip ni or poli att , ni ti , ni ti odi Americalita (1000) dinata, jeti
name, EIN, and the plan n Sponsor's name Total number of participan Total number of participan Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year	the plan year (defined ben	efit plans do not	4b EIN 4c PN . 5a . 5b . 5c	
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name, EIN, and the plan n Sponsor's name Total number of participan Number of participants with complete this item) Number of active p Number of participants that less than 100% vested Inder penalties of perjury and	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year t terminated employment during the te or incomplete filling of this return other penalties set forth in the instru-	the plan year (defined bendan year ar plan year with accrued bendan year will be assessed actions, I declare that I have	efit plans do not nefits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established.	1 1 1 1 0
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name, EIN, and the plan name, EIN, and the plan name Sponsor's name Total number of participant Number of participants with complete this item) (1) Total number of active power of participants that less than 100% vested aution: A penalty for the late aution: A penalty for the late of the penalties of perjury and B or Schedule MB completed elief, it is true correct, and co	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of articipants at the end of the plan year articipants at the end of the plan year t terminated employment during the or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	the plan year (defined bendan year ar plan year with accrued bendan year will be assessed actions, I declare that I have	efit plans do not nefits that were l unless reasonable can be examined this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if apport, and to the best of	1 1 1 1 0 plicable, a Schedule my knowledge and
name, EIN, and the plan name, EIN, and the plan name Sponsor's name Total number of participant Number of participants with complete this item) (1) Total number of active post Number of participants that less than 100% vested saution: A penalty for the late ander penalties of perjury and B or Schedule MB completed elief, it is true, correct, and consider the signature of plan additional support	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of articipants at the end of the plan year articipants at the end of the plan year t terminated employment during the or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	the plan year (defined bendan year ar plan year with accrued bendan year will be assessed actions, I declare that I have as well as the electronic verification.	efit plans do not nefits that were unless reasonable case examined this return/reportsion of this return/reportsion of this return/reportsion.	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if apport, and to the best of	1 1 1 1 0 plicable, a Schedule my knowledge and
name, EIN, and the plan name, EIN, and the plan name Sponsor's name Total number of participant Total number of participants with complete this item) (1) Total number of active post Number of participants that less than 100% vested Caution: A penalty for the late of the post of perjury and the penalties of pen	ts at the beginning of the plan year ts at the end of the plan year the account balances as of the end of articipants at the beginning of the plan year tricipants at the end of the plan year terminated employment during the other penalties set forth in the instruction of the plan year terminated employment during the other penalties set forth in the instruction of the plan year terminated employment during the other penalties set forth in the instruction of the plan year terminated by an enrolled actuary, implete.	an year (defined bendan year	efit plans do not nefits that were unless reasonable case examined this return/resion of this return/reported by the control of the control	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if apport, and to the best of equal signing as plan additional and additional accordance.	1 1 1 1 0 plicable, a Schedule my knowledge and

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	*****				X Yes	По
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_
								x Yes]No
	you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 402	1)?		Ye	s No	Not dete	rmined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year	
а	Total plan assets	7a	221,7	L3				291,97	78
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	221,7	L3				291,97	78
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	29,00	00					
	(2) Participants	8a(2)	23,00						
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	18,20	55					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						70,26	 65
d	Benefits paid (including direct rollovers and insurance premiums	0.4							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d							
	Administrative service providers (salaries, fees, commissions)	8e 8f							
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i						70,26	 б5
i	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
\Box	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (Codes	in the	e instruction	S:	
	rt V Compliance Questions						1		
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ione within	the time period described in		Yes	No	,	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b		? (Do not ir	nclude transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?	•••••	***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	-	•	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all o			400		x			
	instructions.)			10e					
	1 7 1			10f		х			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		· · · · · · · · · · · · · · · · · · ·	10g		х			
h	If this is an individual account plan, was there a blackout period? (: 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					
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes [X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.			•••••					
12	Is this a defined contribution plan subject to the minimum funding r					2 of E	RISA?	Yes [X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is bein	g amortize	ed in this plan year, see instruct						9
	granting the waiver	••••••	······ IVIOI	iui _		_ 🗠	ау	. ı caı	

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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 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 negative amount)	U		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	ne?	•••••	🗀	Yes 🗌	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			□ Ye	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 and of the PBGC?					Yes X No			
С									
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)								
14a 1	lame of trust			14b ⊤	rust's EIN				
Z	ccountability Services, LLC 401(k)				27-3453	537			
				i .					