## 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. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For colondar plan year 2014 o		n						
For calendar plan year 2014 o	r fiscal plan year beginning 01/01/	2014	and ending 12/	/31/2014				
<b>A</b> This return/report is for:	X a single-employer plan		rer plan (not multiemployer) ( nployer information in accord					
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year r	return/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extensi	ion	DFVC pro	ogram			
	special extension (enter des	cription)						
Part II Basic Plan In	formation—enter all requested i	nformation						
1a Name of plan				<b>1b</b> Three-digit				
ABODA, INC 401(K) RETIREMI	ENT PLAN			plan numbe (PN) ▶	r 001			
				1c Effective da	l .			
					1/01/1998			
2a Plan sponsor's name and ABODA, INC	address; include room or suite num	ber (employer, if for a si	ngle-employer plan)		entification Number 0-3513592			
9040 WILLOWS ROAD NE, SUI	TE 101				elephone number 5-861-0500			
REDMOND, WA 98052	12 101				de (see instructions)			
3a Plan administrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrate				
	the plan sponsor has changed sinconumber from the last return/report.	e the last return/report fil	ed for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participar	nts at the beginning of the plan year			5a	97			
<b>b</b> Total number of participar	nts at the end of the plan year			5b	111			
	th account balances as of the end c	of the plan year (defined		5c	90			
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	75			
d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	82			
e Number of participants tha	t terminated employment during the	plan year with accrued	benefits that were	5e	2			
	te or incomplete filing of this retu			ıse is established				
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instr I and signed by an enrolled actuary,	uctions, I declare that I h	ave examined this return/rep	oort, including, if ap	plicable, a Schedule			
belief, it is true, correct, and co	ed/valid electronic signature.							
HERE	-							
Signature of plan	administrator	Date	Enter name of individu	uai signing as plan	administrator			
	i dullillisti atol				administrator			
SIGN	raummstrator				administrator			
SIGN HERE Signature of emp	ployer/plan sponsor	Date (include room or quite pu	Enter name of individu					

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public accounta ions.)	int (IQ	(PA)				□ □	es [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No		lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
<u>a</u>	Total plan assets	. 7a	21082	262					225	8890	
	Total plan liabilities	. 7b	24.000	200					225	0000	
	Net plan assets (subtract line 7b from line 7a)	7c	21082	202						8890	
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	2413	301							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	. 8b	467	777							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28	8078	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d	1374	150							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13	7450	
	Net income (loss) (subtract line 8h from line 8c)	8i							15	0628	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	he instru	uction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
	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	Χ					50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						9478
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 e	end.)	10g	X					1	17500
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es ×	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		ı			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	[	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otio c	05-1	onte = '	00 4545	£ 41	lo#+= ::	سئاريس	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (	enter tl Day			letter ear _	rulin	<u> </u>

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and sk	ip 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 (en negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the funding de					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 y	/ear			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):			13	3c(2) EI	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		•				-
	Name of trust DA, INC. 401(K) RETIREMENT PLAN					ust's EIN 11695004	

## 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

2014

This Form is Open to Public Inspection

P	art I Annual Re	port Identification Information	1								
For	calendar plan year 2014	or fiscal plan year beginning	01	1/01/2	014	and ending	1	12/31/2014			
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report	of par	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions) a foreign plan the final return/report  a short plan year return/report (less than 12 months)							
С	Check box if filing under	an amended return/report  Form 5558 special extension (enter desc	autom	nt plan ye		vreport (less that	1 12 months	DFVC progra	am		
P	art II Basic Plan	Information enter all requested	information						//a-accitican/		
1a	Name of plan  ABODA, INC 401 (	k) RETIREMENT PLAN				1,000	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Three-digit plan number (PN) ► Effective date o	001		
								01/01/1998	· p		
2a	ABODA, INC	nd address; include room or suite numb	er (employe	er, if for a	single-e	employer plan)		Employer Identi (EIN) 20-35 Sponsor's telep (425) 861-	13592 hone number		
	9040 Willows Road N	E, Suite 101					2d	Business code			
3a		me and address X Same as Plan Sp	onsor Name				3b	Administrator's	FIN		
_									telephone number		
4	name, EIN, and the pla	of the plan sponsor has changed since n number from the last return/report.	the last retu	rn/repor	t filed for	this plan, enter t	he 4b	EIN			
-	Sponsor's name							PN			
		pants at the beginning of the plan year							97		
		pants at the end of the plan year					51	b	111		
С	complete this item)	with account balances as of the end of t	the plan yea	r (define	d benefit	t plans do not	50	С	90		
d(	<ol><li>Total number of active</li></ol>	e participants at the beginning of the pla	ın year 🔐		••••••	•••••	5d	(1)	75		
<b>d</b> (		e participants at the end of the plan year					5d	(2)	82		
е	Number of participants less than 100% vested	that terminated employment during the					5	е	2		
Ca	ution: A penalty for the	late or incomplete filing of this return						established			
Un SB	der penalties of perjury a	nd other penalties set forth in the instructed and signed by an enrolled actuary, a	ctions, I dec	lare that	I have e	xamined this retu	ırn/report. ir	cluding, if applica	able, a Schedule knowledge and		
SI	GN				T						
	RE Signature of plan	administrator	Date	)	E	Inter name of ind	ividual signi	ing as plan admin	istrator		
Q1	GN GN COL	teer	3	123/1			teer		7.5		
		loyer/plan sponsor	Date	)	E	nter name of ind	ividual signi	ng as employer o	or plan sponsor		
Pre	parer's name (including t	firm name, if applicable) and address; in	clude room	or suite					number (optional)		

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6a	Were all of the plan's assets during the plan year inv	ested in eligible	assets? (S	ee instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination						••••••		A Tes INO
	under 29 CFR 2520.104-46? (See instructions on wa					•		[	X Yes No
	If you answered "No" to either line 6a or line 6b,	the plan cannot	t use Form	5500-SF and must instead				A-1000000A11	
С	If the plan is a defined benefit plan, is it covered und	er the PBGC ins	urance pro	gram (see ERISA section 40	21)?		Yes	☐ No ☐	Not determined
P	art III Financial Information		0.000						
7	Plan Assets and Liabilities		1000 25	(a) Beginning of Ye	ar			b) End of	Year
а	Total plan assets		7a	2,108,					2,258,890
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7b from line 7a)		7c	2,108,	262			2	2,258,890
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) Tota	al
а	Contributions received or receivable from:  (1) Employers		90/1)					F Comment	
-	(2) Participants		8a(1) 8a(2)	241,	301	-3.50			
	(3) Others (including rollovers)		8a(3)	241,	301				10-10-10-10-10-10-10-10-10-10-10-10-10-1
b	Other income (loss)		8b	46	777		*	1997	200 - 1864 200 - 1864
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c	10,				20 E	200 070
d	Benefits paid (including direct rollovers and insurance	e premiums		* * * * * * * * * * * * * * * * * * *		, %		as	288,078
	to provide benefits)		8d	137,	450	A said			
е	Certain deemed and/or corrective distributions (see i		8e			de		14,11	
<u>f</u>	Administrative service providers (sataries of les, comi		8f				7- J-2	33.54	
g	Other expenses		8g	AN ASSESSED TO THE SECONDARY OF THE PARTY OF	TOW!	4 3		4.00	<b>建设。</b>
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h	A.F. SEE					137,450
+	Net income (loss) (subtract line 8h from line 8c)		8i		1				150,628
	rt IV Plan Characteristics		8j			1		-2/	
Ь	If the plan provides welfare benefits, enter the application	able welfare feat	ure codes f	rom the List of Plan Charac	eristic	Codes	in the in	structions:	
Pa	rt V Compliance Questions								
10	During the plan year:					Yes	No	An	nount
a	Was there a failure to transmit to the plan any particle 29 CFR 2510.3-102? (See instructions and DOL's Vicinity of the plan and DOL's Vicinity of the DOL's Vicinity of the Plan and DOL's Vicinity of the DOL's Vicinity	Voluntary Fiducia	ary Correcti	ion Program)	. 10a		x		
b	Were there any nonexempt transactions with any p on line 10a.)				. 10b		х		
С	Was the plan covered by a fidelity bond?			***************************************	. 10c	х		10.0	500,000
d	Did the plan have a loss, whether or net reimbursed or dishonesty?	d by the plan's fi	delity bond,	that was caused by fraud	. 10d		х		
е	Were any fees or commissions paid to any brokers,	, agents, or othe	r persons b	y an insurance carrier,					
	insurance service, or other organization that provide instructions.)	es some or all of	the benefit	ts under the plan? (See	. 10e	x			9,478
f	Has the plan folled to provide any benefit when due						-		3,476
					+		х		
_ <u>g</u>	Did the plan have any participant loans? (I "Yes," e			<del>`</del>	. 10g	Х			17,500
h 	If this is an individual account plan, was there a blad 2520.101-3.)	•••••••••••••••••••••••••••••••••••••••	••••••	••••••	10h		x		
i	If 10h was answered "Yes," check the Lox if you eit exceptions to providing the notice applied under 29	her provided the CFR 2520.101-	required no	otice or one of the	10i				
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum fur 5500) and line 11a below)	nding requiremen	nts? (If "Yes	s," see instructions and com	plete S	chedu	le SB (Fo	orm	Yes X No
11a	Enter the unpaid minimum required and button for					$\neg \neg$			1C2 [110]
12	Is this a defined contribution plan subject to the min					100000000	of ERIS	SA2   1	Yes X No
	(If "Yes," complete line 12a or lines 10%, 10c, 12d, a				J. 3601	.511 50	T	// N:	169 Ten 140
a	If a waiver of the minimum funding standard for a pr	rior year is being	amortized	in this plan year, see instruc	tions, a	and en			
	granting the waiver		***************************************	Mo	<i>.</i>		. Day		ear

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	e 13.			
b	Enter the minimum required contribution for this plan year			12b		
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 negative amount)	a minus sign to th	e left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadling				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 year?	••••••		☐ Ye	es X N	lo
	If "Yes," enfor 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?						Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. /See instructions.)					
1	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a N	lame of trust			14b T	rust's EIN	
A	boda, Inc. 401(k) Retirement Plan				91-1695	5004