Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-00 1210-00						
	artment of the Treasury rnal Revenue Service	This form is required to be filed	l under sections 104 and 4				2014				
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		Interna	This I	Form is Open to				
	enefit Guaranty Corporation	Complete all entries in action	ccordance with the inst	ructions to the Form 55	Public Inspection						
Part I		Identification Information scal plan year beginning 03/01/201	11	and ending 12/3	31/201	11					
FUI GAIGHG		$\overline{X}$ a single-employer plan		<b>4</b>			ox must attach a list				
	turn/report is for: urn/report is	<ul> <li>a single-employer plan</li> <li>a multiple-employer plan (not multiemployer) (Filers checking this box must attach a l of participating employer information in accordance with the form instructions)</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>the first return/report</li> <li>an amended return/report</li> <li>a short plan year return/report (less than 12 months)</li> </ul>									
C Check	box if filing under:	Form 5558       automatic extension       DFVC program         special extension (enter description)									
Part II	Basic Plan Infor	rmation—enter all requested info	rmation								
1a Name						Three-digit plan number (PN) ▶	001				
						Effective date of	of plan				
		dress; include room or suite number	r (employer, if for a single	employer plan)	2b	Employer Ident	1/2014 ification Number				
GRAVITY ZE	:RO, LLC					(EIN) 46-5052656					
1201 - 1ST A SEATTLE, W	AVE. S., #319 VA 98134				206-260-2085						
<u> </u>							siness code (see instructions) 541519				
3a Plan a	<b>3a</b> Plan administrator's name and address XSame as Plan Sponsor.						EIN				
		e plan sponsor has changed since th nber from the last return/report.	ne last return/report filed t	or this plan, enter the	4b		telephone number				
a Sponse	sor's name				4c						
		at the beginning of the plan year		-	58		0				
		at the end of the plan year account balances as of the end of th		-	5k		5				
comple	lete this item)				5c						
		rticipants at the beginning of the plar	-		5d(1)						
		rticipants at the end of the plan year		-	5d(	(2)	5				
		erminated employment during the pla			5e						
Caution: A	A penalty for the late c	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is (	established.					
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	ons, I declare that I have well as the electronic ve	examined this return/rep rsion of this return/report,	ort, in , and t	cluding, if applic to the best of my	cable, a Schedule y knowledge and				
SIGN		valid electronic signature.	06/04/2015	CARY PRUITT							
HERE	Signature of plan ad	dministrator	Date	Enter name of individual signing as plan administrate							
SIGN HERE					<u> </u>						
	Signature of employ	yer/plan sponsor ame, if applicable) and address (inc	Date clude room or suite numbe		ividual signing as employer or plan sponsor Preparer's telephone number (optional)						

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
c	If you answered "No" to either line ba or line bb, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	t III Financial Information					100				
- Га 7					1					
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning of Yea	<u>lr</u>	+		(b) End of Year 9488			
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b		•	_		0400			
	Net plan assets (subtract line 7b from line 7a)	7b 7c		0			9488			
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	-						
-	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	94	40						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		48						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9488			
d	Benefits paid (including direct rollovers and insurance premiums	04								
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d								
f		8e 8f								
	Administrative service providers (salaries, fees, commissions) Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i					9488			
÷	Transfers to (from) the plan (see instructions)						0.00			
Ba	t IV Plan Characteristics	8j								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
54	2E 2G 2J 2K 2T 3D			actori	5110 00					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in th	ne instructions:			
_										
Par										
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x				
b	Were there any nonexempt transactions with any party-in-interest									
	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		X				
d	······································					X				
	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									
	instructions.)			10e		Х				
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	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	·				х				
<u> </u>	2520.101-3.)			10h		~				
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	11       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)       Image: Complete Schedule SB (Form Schedule SB (Form Schedule SCHED))									
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)							
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc	ctions	, and $\overline{\mathbf{e}}$	enter th	e date of the letter ruling			

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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>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e 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	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No	
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)	
Part VIII Trust Information (optional)				
14a Name of trust	14b Trust's EIN			

 Ea	5500 85	Chart Form Annu				OMB Nos. 1210-0110			
Depa	artment of the Treasury	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee	1210-0089			
Inte	emal Revenue Service	This form is required to be filed				2014			
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	Revenue Code (the Code)		Internar	This Form is Open to Public Inspection			
	Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	uctions to the Form 55	00-SF.				
For calend	dar plan vear 2014 or fi	t Identification Information	2014	and ending 1	2/31/2014				
		X a single-employer plan				ting this box must attach a list			
A This re	eturn/report is for:	a one-participant plan		ver information in accord					
B This ret	turn/report is	x the first return/report	the final return/report						
		an amended return/report	X a short plan year return	n/report (less than 12 mc	onths)				
C Check	box if filing under:	☐ Form 5558	automatic extension			-VC program			
U Uneux	box it tilling under.	special extension (enter descri			<u>Ц</u> ,				
Dent II	Decis Dian Infe								
Part II 1a Name		ormation—enter all requested info	ormation		1b Three				
	ZERO RETIREMENT F	PLAN				number			
					(PN)				
						tive date of plan 1/2014			
<b>2a</b> Pian s GRAVITY Z	sponsor's name and ad ZERO, LLC	ddress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 46-5052656				
4204 1QT	A\/E & #240				2c Spon	sor's telephone number (206) 260-2085			
	AVE. S., #319				2d Business code (see instructions)				
3a Plan s		and address X Same as Plan Spons			54151	_			
	dummistrator s name a	To address Apartie as Fran opunar	or.		<b>JD</b> Aamii	nistrator's EIN			
					3c Admir	nistrator's telephone number			
4 If the	name and/or EIN of th	ne plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN				
name	e, EIN, and the plan nu	umber from the last return/report.							
	sor's name	a of the beginning of the slow ways			4C PN	<u> </u>			
		s at the beginning of the plan year s at the end of the plan year			5a	0			
		account balances as of the end of the			5b	5			
comp	plete this item)				5c	3			
		articipants at the beginning of the pla			5d(1)	0			
		articipants at the end of the plan yea			5d(2)	5			
e Numbe less ti	er of participants that to that the technology in technology i	terminated employment during the pl	lan year with accrued bene	fits that were	5e				
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed i	uniess reasonable cau	use is estab	lished.			
Under per SB or Sch	nalties of perjury and of	other penalties set forth in the instruct and signed by an enrolled actuary, as	tions. I declare that I have	examined this return/ren	oort includin	ng if applicable a Schedule			
SIGN	× PY	en la	16/3/15	XJ Carle	RG	itt			
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing a	as plan administrator			
SIGN					<u> </u>				
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor			
Preparer's	s name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r) (optional)		telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Second Sec										No No
-	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	)21)?	[] '	Yes	<b>No</b>	_ No	ot deter	mine	d
Pa	t III Financial Information				<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea	nr	ļ	(b) End			(ear		
<u>a</u>	Total plan assets	7a		0	L				948	3	
	Total plan liabilities	7b	·····				·				
	Net plan assets (subtract line 7b from line 7a)	7c		0				9488			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		L	(b) T			<u> </u>		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	944	0		····	Excine 4			_	
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4	8	2	1					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9488		<u></u>
d	Benefits paid (including direct rollovers and insurance premiums						2			5270	
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	89		<del>_</del>							
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g									
	Net income (loss) (subtract line 8h from line 8c)	8h									
-	Transfers to (from) the plan (see instructions)	<u>8i</u>							948	3	
		8j				1021					
	Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>2E</u> 2G 2J 2K 2T 3D            b         If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
					Code	sint		ctions	:		
Pari	V Compliance Questions										
10	During the plan year:			1	res	No		An	nount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures)	ciary Corre	ection Program)	10a		х					
d 	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		х					
C	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 or dishonesty?	fidelity bon	d, that was caused by fraud	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 bene	fits under the plan? (See	10e		x		_			
f	Has the plan failed to provide any benefit when due under the plan	ח?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		x	<u> </u>			_	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruc	ctions and 29 CFR	10g		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	ne required	notice or one of the	10i				2			
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete S	chedu	le SE	3 (Form		Yes		No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Schedu	le SB (Form 5500) line 39		4	1a		<u>· I i</u>			
12	is this a defined contribution plan subject to the minimum funding						FRISAD	T	Yes	J	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	a amortize	d in this plan year, see instru	ctions, a	and en	ter th Day		f the I Ye		ling	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	m 5500), and	skip to line	13.				
	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 negative amount)	(enter a minu	is sign to the	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	□ N/A
Part							_	
13a	Has a resolution to terminate the plan been adopted in any plan year?					es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th				13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another	plan, or brou	abt under the	control		∏ Ye	3 X No
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another p	olan(s), ident	ify the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) El	N(s)	13c()	3) PN(s)
							-	<u>, , , , , , , , , , , , , , , , , , , </u>
Part	Vill <sup>®</sup> Trust Information (optional)							
	Name of trust				<b>14b</b> ⊺r	ust's EIN		