## 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).

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

	rt identification information				
For calendar plan year 2014 or		<u>2014</u>	and ending 12	2/31/2014	
	a single-employer plan		plan (not multiemployer)	-	
A This return/report is for:			loyer information in accor	dance with the forn	n instructions)
<b>5</b>	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/repo			
	an amended return/report	a short plan year ref	urn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension	n	DFVC pi	ogram
• Officer box if filling direct.	special extension (enter des	crintion)			
	formation—enter all requested i	nformation		T 41 =	
1a Name of plan AXIO EMPLOYEES' RETIREME	ENT OPTIONS			<b>1b</b> Three-digit plan number	ar l
AXIO EMI LOTELO RETIREME	ENT OF HONO			(PN) ▶	002
				1c Effective da	ate of plan
				0	06/01/1999
<b>2a</b> Plan sponsor's name and AXIO RESEARCH, LLC	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number
ANIO RESEARON, LEG				(=)	20-1895965
2004 FOURTH AVE OTE 202					telephone number 6-547-2829
2601 FOURTH AVE STE 200 SEATTLE, WA 98121					ode (see instructions)
					541990
3a Plan administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrat	or's EIN
				25	
				3C Administrat	or's telephone number
	the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
a Sponsor's name	nts at the beginning of the plan year			5a	93
	0 0 , ,			5a 5b	
	nts at the end of the plan year			3D	98
	th account balances as of the end o			5c	94
'	participants at the beginning of the p			5d(1)	56
d(2) Total number of active	participants at the end of the plan y	aar		5d(2)	58
	t terminated employment during the				
	t terminated employment during the			5e	(
	e or incomplete filing of this retu			use is established	 I.
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I ha	ve examined this return/re	port, including, if a	pplicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	l and signed by an enrolled actuary, Implete	as well as the electronic	ersion of this return/repor	t, and to the best o	f my knowledge and
	ed/valid electronic signature.	07/15/2015	ANITA RICHARD		
HERE	administrator	Date	Enter name of individ	luol signing on plan	- administrator
Signature of plan	i administrator	Date	Enter name of individ	iuai sigriirig as piai	auministrator
SIGN HERE					
Signature of emp	oloyer/plan sponsor	Date			oloyer or plan sponsor
Freparers name (including firm	n name, if applicable) and address (	include room of Suite num	nei ) (optional)	riepaiei s telepr	none number (optional)

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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 indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not dete	rmined
Par	t III   Financial Information		Г						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o		200
	Total plan assets	7a	64901	179				74712	203
	Total plan liabilities	7b	64901	70	-			74712	263
	Net plan assets (subtract line 7b from line 7a)	7c		170	-		/b\ T		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	itai	
	(1) Employers	8a(1)	1612	271					
	(2) Participants	8a(2)	3905						
	(3) Others (including rollovers)	8a(3)	435						
<u>b</u>	Other income (loss)	8b	5284	181					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11238	371
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1394	166					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	33	321					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						142	787
i	Net income (loss) (subtract line 8h from line 8c)	8i						9810	084
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charad	cterist			he instruction	ns:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				250000
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.)	of the ben	efits under the plan? (See	10e		X			
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				60574
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 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s X No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents 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,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru Year	uling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 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, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

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Pension Benefit Guaranty Corporation

## 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

Part I	Allitual Report	t Identification Information					
For calenda	ır plan year 2014 or f	fiscal plan year beginning	01/01/2014	and ending	12/31/20		
A This retu	urn/report is for:	∑ a single-employer plan	a multiple-employer pla of participating employ	an (not multiemployer) er information in accor	(Filers checking this l dance with the form in	box must attach a list nstructions)	
		a one-participant plan	a foreign plan				
<b>B</b> This retu	rn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	nonths)		
C Check be	ox if filing under:	Form 5558	automatic extension		☐ DFVC prog	ıram	
		special extension (enter description	on)				
Part II	Basic Plan Info	ormation—enter all requested inform	nation				
1a Name					1b Three-digit		
	•				plan number	****	
Axio En	mployees' Ret	cirement Options			(PN)	002	
					1c Effective date 06/01/199	·	
2a Plan sp	onsor's name and a	ddress; include room or suite number (e	employer, if for a single-e	employer plan)	2b Employer Ider	ntification Number	
Axio Re	esearch, LLC				(EIN) 20-18		
					2c Sponsor's tele	•	
0.601		200			(206) 547		
2601 FC	ourth Ave Ste	3 200			2d Business code	e (see instructions)	
Seattle		and address Dama as Dian Changer	WA	98121	3b Administrator'	s FIN	
3a Plan ac	ministrator's name a	and address Same as Plan Sponsor.			Administrator	5 2.114	
					3c Administrator	s telephone number	
				. () ( )	4h FIN		
4 If the n	ame and/or EIN of th	ne plan sponsor has changed since the umber from the last return/report.	last return/report filed to	r this plan, enter the	4b EIN		
<b>a</b> Spon	sor's name				4c PN		
<b>5a</b> Total n	number of participants	s at the beginning of the plan year					
<b>b</b> Total n	number of participants	s at the end of the plan year		<b>b</b> Total number of participants at the end of the plan year			
C Number	er of participants with	account balances as of the end of the			5b	93 98	
	ete this item)		plan year (defined bene	fit plans do not	50 5c	98	
	al number of active pa	articipants at the beginning of the plan		fit plans do not		98_ 94_	
		articipants at the beginning of the plan	yearyear	fit plans do not	5c	98 94 56	
d(2) Tota e Numbe	al number of active participants that t	articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the plan	year n year with accrued bene	fit plans do not	5c 5d(1)	98 94 56 58	
d(2) Tota e Numbe less tha	al number of active participants that the and 100% vested	articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the plan	year n year with accrued bene	fit plans do not	5c 5d(1) 5d(2) 5e	98 94 56 58	
d(2) Tota e Numbe less tha	al number of active part of participants that the name of the later of	articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the plan	year with accrued bene	fit plans do not	5c 5d(1) 5d(2) 5e use is established.	98 94 56 58	
d(2) Tota e Numbe less tha	al number of active participants that the an 100% vested	articipants at the beginning of the plan participants at the end of the plan year terminated employment during the plan to r incomplete filing of this return/re	year with accrued bene	fit plans do not  fits that were  unless reasonable ca	5c 5d(1) 5d(2) 5e use is established. port, including, if app	98 94 56 58 0	
d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche	al number of active participants that the an 100% vested	articipants at the beginning of the plan sarticipants at the end of the plan year  terminated employment during the plan  or incomplete filing of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we	year with accrued bene	fit plans do not  fits that were  unless reasonable ca	5c 5d(1) 5d(2) 5e use is established. port, including, if app	98 94 56 58 0	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t	al number of active participants that the an 100% vested	articipants at the beginning of the plan sarticipants at the end of the plan year  terminated employment during the plan  or incomplete filing of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we	year with accrued bene	fit plans do not  fits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. port, including, if app	98 94 56 58 0 licable, a Schedule ny knowledge and	
d(2) Tota e Numbe less tha  Caution: A  Under pena SB or Sche belief, it is t	al number of active part of participants that the an 100% vested  penalty for the late alties of perjury and of dule MB completed arrue, correct, and correct.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan or incomplete filling of this return/reparter penalties set forth in the instruction and signed by an enrolled actuary, as we applete.	year with accrued bene- eport will be assessed to ns, I declare that I have evell as the electronic vers	fit plans do not  fits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. port, including, if app	98 94 56 58 0 licable, a Schedule ny knowledge and	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t	al number of active part of participants that the an 100% vested	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan or incomplete filling of this return/reparter penalties set forth in the instruction and signed by an enrolled actuary, as we applete.	year with accrued bene- eport will be assessed uns, I declare that I have evell as the electronic vers	fit plans do not  fits that were  unless reasonable ca examined this return/re sion of this return/repor	5c 5d(1) 5d(2) 5e use is established. port, including, if app	98 94 56 58 0 licable, a Schedule ny knowledge and	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  SIGN HERE	r of participants that from 100% vested  penalty for the late alties of perjury and odule MB completed a true, correct, and completed a supplementation.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan terminated employment during the plan te or incomplete filling of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we note the complete of the plan administrator the cover/plan sponsor	year with accrued beneport will be assessed to the state of the state	fit plans do not  fits that were  unless reasonable caexamined this return/report  ANITA RICHARD  Enter name of individent that the control of the control o	5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of reduced by the second of the s	98 94 56 58 0 licable, a Schedule ny knowledge and dministrator	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  SIGN HERE	r of participants that from 100% vested  penalty for the late alties of perjury and odule MB completed a true, correct, and completed a supplementation.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan e or incomplete filling of this return/reparted plane in the instruction and signed by an enrolled actuary, as we inplete.  Administrator	year with accrued beneport will be assessed to the state of the state	fit plans do not  fits that were  unless reasonable caexamined this return/report  ANITA RICHARD  Enter name of individent that the control of the control o	5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of reduced by the second of the s	98 94 56 58 0 licable, a Schedule ny knowledge and dministrator	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  SIGN HERE	r of participants that from 100% vested  penalty for the late alties of perjury and odule MB completed a true, correct, and completed a supplementation.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan terminated employment during the plan te or incomplete filling of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we note the complete of the plan administrator the cover/plan sponsor	year with accrued beneport will be assessed to the state of the state	fit plans do not  fits that were  unless reasonable caexamined this return/report  ANITA RICHARD  Enter name of individent that the control of the control o	5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of reduced by the second of the s	98 94 56 58 0 licable, a Schedule ny knowledge and dministrator	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  SIGN HERE	r of participants that from 100% vested  penalty for the late alties of perjury and odule MB completed a true, correct, and completed a supplementation.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan terminated employment during the plan te or incomplete filling of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we note the complete of the plan administrator the cover/plan sponsor	year with accrued beneport will be assessed to the state of the state	fit plans do not  fits that were  unless reasonable caexamined this return/report  ANITA RICHARD  Enter name of individent that the control of the control o	5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of reduced by the second of the s	98 94 56 58 0 licable, a Schedule ny knowledge and dministrator	
d(2) Tota e Numbe less tha  Caution: A Under pena SB or Sche belief, it is t SIGN HERE  SIGN HERE	r of participants that from 100% vested  penalty for the late alties of perjury and odule MB completed a true, correct, and completed a supplementation.	articipants at the beginning of the plan garticipants at the end of the plan year terminated employment during the plan terminated employment during the plan te or incomplete filling of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as we note the complete of the plan administrator the cover/plan sponsor	year with accrued beneport will be assessed to the state of the state	fit plans do not  fits that were  unless reasonable caexamined this return/report  ANITA RICHARD  Enter name of individent that the control of the control o	5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of reduced by the second of the s	98 94 56 58 0 licable, a Schedule ny knowledge and dministrator	

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			(0)				X Yes No
6a ∨	lere all of the plan's assets during the plan year invested in eligible	e assets? n indoner	(See instructions.)	 nt (IQF	 PA)	***********	
	re you claiming a waiver of the annual examination and report of an order 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condit	ions.)				X Yes No
lf	you answered "No" to either line 6a or line 6b, the plan canno	t use Fo	rm 5500-SF and must instead	use	Form	5500.	No ☐ Not determined
C If	the plan is a defined benefit plan, is it covered under the PBGC ins	surance p	rogram (see ERISA section 40	21) ( )	*****	Yes	Not determined
Part	III Financial Information				_		
<b>7</b> P	an Assets and Liabilities		(a) Beginning of Year		┿	(	o) End of Year
<b>a</b> To	otal plan assets	7a	6,490	,17	9		7,471,263
	otal plan liabilities	7b			┿		
<b>c</b> N	et plan assets (subtract line 7b from line 7a)	7c	6,490	,17	9		7,471,263
<b>8</b> In	come, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total
<b>a</b> C	ontributions received or receivable from: ) Employers	8a(1)	161	,27	1		
	Participants	8a(2)	390	,59	5		
	Others (including rollovers)	8a(3)	43	,52	4		
	ther income (loss)	8b	528	,48	1		
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,123,871
d B	enefits paid (including direct rollovers and insurance premiums						
to	provide benefits)	8d	139	,46	6		
<b>e</b> 0	ertain deemed and/or corrective distributions (see instructions)	8e			-		
f A	dministrative service providers (salaries, fees, commissions)	8f	3	,32	1		
	ther expenses	8g			$\bot$		
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					142,787
	et income (loss) (subtract line 8h from line 8c)	8i					981,084
	ransfers to (from) the plan (see instructions)	8i					
Part	IV Plan Characteristics						
9a li	f the plan provides pension benefits, enter the applicable pension t	feature co	odes from the List of Plan Chara	acteris	tic Co	des in the	e instructions:
- 1	2E 2E 2G 2J 2K 2T 3D						
b	f the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Charac	cterist	ic Coc	les in the	instructions:
Part '	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi	in the time period described in rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х	
				10c	Х		250,000
	Was the plan covered by a fidelity bond?			100		$\vdash$	230,000
	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 instructions.)	of the ber	netits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х		60,574
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR				
	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 2520.10	ne require 1-3	ed notice or one of the	10i			
Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If	"Yes," see instructions and con-	plete	Sched	lule SB (F	Form Tyes V No

Part VI Pension Fundii Is this a defined benefit 5500 and line 11a below)... 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 Day granting the waiver. ....

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If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fom	n 5500), and skip to line 13.		
	er the minimum required contribution for this plan year		12b	
			1 40 1	
C Ent	er the amount contributed by the employer to the plan for this plan year		12c	
	otract the amount in line 12c from the amount in line 12b. Enter the result ( ative amount)			
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			
	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 th	is year	13a	
<b>b</b> We	re all the plan assets distributed to participants or beneficiaries, transferre he PBGC?	d to another plan, or brought un	der the control	Yes X No
C If d	uring this plan year, any assets or liabilities were transferred from this plantich assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the	plan(s) to	
	1) Name of plan(s):		13c(2) El	N(s) 13c(3) PN(s)
Part VII	Trust Information (optional)			
14a Nam			<b>14b</b> Tr	rust's EIN