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**

Part I		Identification Information							
For calend	lar plan year 2014 or fis	scal plan year beginning 01/01/2014		and ending 12	/31/2014				
A This re	turn/report is for:			an (not multiemployer) ver information in accor					
		a one-participant plan	foreign plan						
B This ret	urn/report is	the first return/report the final return/report							
		an amended return/report as	short plan year returr	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension DFVC progra						
		special extension (enter description)							
Part II	Basic Plan Info	rmation—enter all requested information	on		_				
1a Name	of plan O SERVICES, LLC 401	K PLAN			1b Three-digit plan number	004			
					(PN) •	001			
					1c Effective date 01	e of plan /01/2009			
2a Plan s AFFILIATED	ponsor's name and add SERVICES, LLC	dress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 20-5539611				
10510 NE N	ORTHUP WAY SUITE	200			2c Sponsor's te	lephone number 968-0545			
KIRKLAND, WA 98033					2d Business code (see instructions) 524290				
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN				
					3c Administrator	's telephone number			
		e plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
	e, EIN, and the plan nur sor's name	mber from the last return/report.			4c PN				
5a 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				
		account balances as of the end of the pla			5c				
•	,	rticipants at the beginning of the plan yea			5d(1)				
d(2) Tot	tal number of active par	rticipants at the end of the plan year			5d(2)				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0				
Caution: A	A penalty for the late of	or incomplete filing of this return/repor	rt will be assessed (unless reasonable car	use is established.				
SB or Sche		her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete							
SIGN		valid electronic signature.	10/01/2015	PATRICK CHESTNU	Γ				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan a	administrator			
SIGN									
HERE					dividual signing as employer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address (include i	room or suite numbe	r) (optional)	Preparer's telepho	ne number (optional)			

	Form 5500-SF 2014		Page 2								
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	ndent qualified public accountations.)	int (IQ	(PA)				X Y	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	1	lot de	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	. 7a	4752	216					50	5555	
<u>b</u>	Total plan liabilities	. 7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	4752	216	_				50	5555	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	161	190							
	(3) Others (including rollovers)										
	Other income (loss)	8b	168	303							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3	2993	
d	Benefits paid (including direct rollovers and insurance premiums										
	o provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e	26	654							
	Administrative service providers (salaries, fees, commissions)	8f		,O-T							
	Other expenses (add lines 2d, 2s, 2f, and 2g)	8g								2654	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i								0339	
	Net income (loss) (subtract line 8h from line 8c)									0000	
Par		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 Chara	cterist	tic Cod	des in t	he instr	uctior	is:		
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 Fidulations)	uciary Cori	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	<u> </u>				
c	Was the plan covered by a fidelity bond?			10c	X					10	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						2458
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						126
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es	No
<u>11a</u>	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	ents of section 412 of the Code	or se	ection	302 of	ERISA'	?	Υ	es 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 (enter tl Day			letter ear _	rulin	g

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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**

		t Identification Information								
For calenda	ar plan year 2014 or fi	iscal plan year beginning	01/01/2014	and ending	12/31/2					
A This ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan									
D		a one-participant plan								
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 n	nontns)					
C Check t	oox if filing under:	X Form 5558	automatic extension	DFVC program						
		special extension (enter desc	триоп)							
Part II	Basic Plan Info	ormation—enter all requested in	formation		1b Three-digit					
1a Name of plan Affiliated Services, LLC 401K Plan						er 001				
					1c Effective da 01/01/2					
	ponsor's name and ac ated Services	ddress; include room or suite numb , LLC	per (employer, if for a single-	employer plan)	2b Employer Id (EIN) 20 -	lentification Number 5539611				
10510	III Namble Mar	0				elephone number				
10510 1	NE Northup Wa	y Suite 200			425-968	-0545 ode (see instructions)				
Kirklar	nd	WA 98033			524290	Me (see instructions)				
		nd address XSame as Plan Spon	sor.		3b Administrator's EIN					
		L ·								
					3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the										
	•	mber from the last return/report.		name, EIN, and the plan number from the last return/report.						
		a Sponsor's name Total number of participants at the beginning of the plan year								
		at the beginning of the plan year.			4c PN 5a	18				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					5a	18				
	er of participants with	s at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	fit plans do not	5a 5b	18 18 18				
comple	er of participants with ete this item)	s at the end of the plan year	the plan year (defined bene	fit plans do not	5a 5b 5c	18 18				
comple d(1) Tota	er of participants with ete this item)al number of active pa	s at the end of the plan year	the plan year (defined bene	fit plans do not	5a 5b 5c 5d(1)	18				
comple d(1) Tota d(2) Tota e Numbe	er of participants with ete this item)al number of active part of participants that to	s at the end of the plan year	the plan year (defined bene lan year earplan year with accrued bene	fit plans do not	5a 5b 5c	18 18 12				
comple d(1) Tota d(2) Tota e Numbe less tha	er of participants with ete this item)	s at the end of the plan year	the plan year (defined bene lan year arplan year with accrued bene	fit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	18 18 12 12				
completed d(1) Total d(2) Total e Number less the Caution: A	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan ye erminated employment during the or incomplete filing of this returther penalties set forth in the instru	the plan year (defined bene plan year	fit plans do not fits that were unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established	18 12 12 0 I. pplicable, a Schedule				
completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yearminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary,	the plan year (defined bene plan year	fit plans do not fits that were unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established	18 12 12 0 I. pplicable, a Schedule				
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completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeerminated employment during the or incomplete filing of this returning signed by an enrolled actuary, uplete.	the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed by the plan year.	fit plans do not fits that were unless reasonable ca examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aptrix, and to the best of the second control	18 12 12 0 I. pplicable, a Schedule f my knowledge and				
completed (1) Total (2) To	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan yeerminated employment during the or incomplete filing of this returning signed by an enrolled actuary, uplete.	the plan year (defined beneath and year	fit plans do not fits that were unless reasonable ca examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if and to the best of the bes	18 12 12 0 I. pplicable, a Schedule f my knowledge and				
completed (1) Total (2) To	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan yearminated employment during the cor incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneath and year with accrued beneath accrued beneath accrued beneath accrued beneath account and the second account ac	fit plans do not fits that were unless reasonable ca examined this return/re sion of this return/report Patrick Chest Enter name of indivice Patrick Chest	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprit, and to the best of	18 18 12 12 0 I. pplicable, a Schedule f my knowledge and				
completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebellef, it is total sign HERE	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan year erminated employment during the cor incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneath and year with accrued beneath accrued by account accoun	fit plans do not fits that were unless reasonable ca examined this return/resion of this return/report Patrick Chest Enter name of individent of the startick Chest Enter name of individent of the startick Chest	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprit, and to the best or anut dual signing as plant anut dual signing as emptions.	18 12 12 0 I. pplicable, a Schedule f my knowledge and				
completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebellef, it is total sign HERE	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the beginning of the participants at the end of the plan yearminated employment during the cor incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneath and year with accrued beneath accrued by account accoun	fit plans do not fits that were unless reasonable ca examined this return/resion of this return/report Patrick Chest Enter name of individent of the startick Chest Enter name of individent of the startick Chest	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprit, and to the best or anut dual signing as plant anut dual signing as emptions.	18 18 12 12 0 I. pplicable, a Schedule f my knowledge and administrator				
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completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebellef, it is total sign HERE	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan year erminated employment during the cor incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneath and year with accrued beneath accrued by account accoun	fit plans do not fits that were unless reasonable ca examined this return/resion of this return/report Patrick Chest Enter name of individent of the startick Chest Enter name of individent of the startick Chest	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprit, and to the best or anut dual signing as plant anut dual signing as emptions.	18 18 12 12 0 I. pplicable, a Schedule f my knowledge and administrator				
completed d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebellef, it is total sign HERE	er of participants with ete this item)	account balances as of the end of articipants at the beginning of the participants at the end of the plan year erminated employment during the cor incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneath and year with accrued beneath accrued by account accoun	fit plans do not fits that were unless reasonable ca examined this return/resion of this return/report Patrick Chest Enter name of individent of the startick Chest Enter name of individent of the startick Chest	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprit, and to the best or anut dual signing as plant anut dual signing as emptions.	18 18 12 12 0 I. pplicable, a Schedule f my knowledge and administrator				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2014		Page 2							
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountations.)	ant (IC	QPA) •• Form	5500		X X Not		No No
,	rt III Financial Information	•				J	<u> </u>	1		
7	Plan Assets and Liabilities		(a) Beginning of Yea	a r			(b) End	of V	ear	***************************************
a	Total plan assets	7a		752:	16		727			05555
	Total plan liabilities	7b	***************************************							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	752:	16				5	05555
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount				(b) 1	otal		
	(2) Participants	8a(2)		1619	90					
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	d8		1680	03					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d								32993
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		265	54					
<u>g</u>	Other expenses	8g					***************************************		MONTH COMMON TO THE COMMON TO	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				····				2654
	Net income (loss) (subtract line 8h from line 8c)	8i		MANAGEMENT OF THE PERSON NAMED IN COLUMN 1						30339
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	<u>8j</u>								
Pari		eature cod	es from the List of Plan Charad	cterist	-		the instruct	ons:		
10	During the plan year:			T	Yes	No		Amo	ount	SW4141
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		•	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				1	00000
d	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 oinstructions.)	of the ben	efits under the plan? (See	10e	Х					2458
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	Х					126
h	h If this is an individual account plan, was there a blackout period? (See instructions 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 2520.101			10i						
Part				_				········		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)			······	······				Yes	No
	Enter the unpaid minimum required contribution for current year fro		<u> </u>			11a	EDICAC		Voc	V Na
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?		Yes	X No
а	(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 bein granting the waiver.	g amortize	ed in this plan year, see instruc		, and e	nter th	ıe date of t	ne let Year		ng

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 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)	`	12d			
е	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?			Yes X No)	***
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13а			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?				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.)	n to another plan(s), identify the pla	ın(s) to			
1	I3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
	VIII Trust Information (optional)		Ta as =			
14a i	Name of trust		14b ⊺	rust's EIN		