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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/201	5	and ending 12/	/31/201	5					
A This ret	turn/report is for:	, , , ,	r) (Filers checking this box must attach a accordance with the form instructions)								
B This retu	B This return/report is										
C Check	box if filing under:	Form 5558	automatic extension			DFVC progr	am				
		special extension (enter description	,								
Part II	Basic Plan Info	ormation—enter all requested inform	mation								
1a Name ACCOUNTA	of plan ABILITY SERVICES,	LLC 401(K) PLAN			pl	hree-digit an number PN) ▶	001				
					1c Ef	ffective date of 01/01	plan 1/2010				
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B				Employer Identification Number (EIN) 20-0576745					
	BILITY SERVICES, L	ce, country, and ZIP or foreign postal o	code (ir foreign, see instr	ructions)	2c S	2c Sponsor's telephone number 206-522-0110					
					2d Bu	usiness code (see instructions)				
10564 5TH A SUITE 201 SEATTLE, W						541213					
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN					
				-	3c Ad	dministrator's t	elephone number				
4 If the r	name and/or EIN of th	e plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EI	IN					
		imber from the last return/report.			·~ -						
a Spons	or's name				4c PI	N					
5a Total	number of participants	s at the beginning of the plan year			5a		1				
b Total i	number of participants	s at the end of the plan year			5b		2				
		account balances as of the end of the			5c		2				
d(1) Tota	al number of active pa	articipants at the beginning of the plan	year		5d(1))	2				
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2))	2				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0					
		or incomplete filing of this return/re									
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as wellete.									
SIGN	Filed with authorized	l/valid electronic signature.	03/24/2016	FARMER & BETTS							
HERE	Signature of plan	administrator	Date	Enter name of individu	al signir	ng as plan adm	ninistrator				
SIGN HERE						•					
HEKE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	of individual signing as employer or plan sponsor						

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

Preparer's telephone number

Form 5500-SF 2015		Page 2						
b 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	of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No 📗	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	
a Total plan assets	7a		291	978				348139
b Total plan liabilities	7b		004	070	-			0.404.00
C Net plan assets (subtract line 7b from line 7a)	7c			978				348139
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tai
(1) Employers	8a(1)		38	354				
(2) Participants	8a(2)		24	000				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-6	193				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							56161
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i Net income (loss) (subtract line 8h from line 8c)								56161
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructi	ons:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructio	ns:
If the plant provides well are serious, other the applicable well are to	catare coat	55 Hom the List of Flat	ii Onait	20101101	.10 000	100 111 1110	motraotio	110.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest			401		X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				500
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X			
					X			
	the plan failed to provide any benefit when due under the plan?							
	e plan have any participant loans? (If "Yes," enter amount as of year end.)				X			
	I account plan, was there a blackout period? (See instructions and 29 CFR				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					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EI	RISA?	Yes X

	F	form 5500-SF 2015 Page 3 - 1								
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		_	date of the		ling			
If		ng the waiver		Day _		Year				
		he minimum required contribution for this plan year		12b						
			12c							
		ne amount contributed by the employer to the plan for this plan year	120							
		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d						
е	Will th	e 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	l Has a	resolution to terminate the plan been adopted in any plan year?			Yes	X No				
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?				Yes X	No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı						
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
	Name o	of trust ABILITY SERVICES, LLC 401(K) PLAN			rust's EIN 3453537	I				
	14c Name of trustee or custodian ELIZABETH MANCE						14d Trustee's or custodian's telephone number			
				206-522-0110						
Par	t IX	IRS Compliance Questions								
15a	I Is the	plan a 401(k) plan?		X Ye		No				
15b		," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ba	Design- based safe ADP/ACP harbor test method						
15c	testing	NDP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?		Ye	S	No				
		the box to indicate the method used by the plan to satisfy the coverage requirements under secti				erage efit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by coman with any other plans under the permissive aggregation rules?		Ye	S	No				
17a Has the plan been timely amended for all required tax law changes?					3	No	N/A			
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the a for tax law changes and codes).						_ `	tructions			
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
	determ	olan is an individually-designed plan and received a favorable determination letter from the IRS, e nination letter/		the plar	i's last fav	rorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	i	No				
19	Were i	n-service distributions made during the plan year?		Ye	5	No				
	If "Yes	," enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w), as required under section 401(a)(9)?		Ye	5	No	N/A			

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

2015

This Form is Open to Public Inspection

-		t Identification Information	1			
Fo	r calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20	15
Α	This return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer employer information in	r) (Filers checking to accordance with t	his box must attach he form instructions)
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repor			
		an amended return/report				
		an amended return/report	a snort plan year ret	urn/report (less than 12	months)	
С	Check box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC	orogram
В	owt II Desis Dlaw Inf					
	art II Basic Plan Info Name of plan	ormation enter all requested	information		1	
	•				1b Three-dig	
	Accountability Ser	vices, LLC 401(k) Plan			(PN) ►	001
_					1c Effective of 01/01/2	
2a	Plan sponsor's name (emplo	oyer, if for a single-employer plan)				Identification Number
	City or town, state or province	om, apt., suite no. and street or P.Oce, country, and ZIP or foreign post). Box) al code (if foreign, see ins	tructions)		0-0576745
	Accountability Ser	vices, LLC				telephone number
						code (see instructions)
	10564 5th Ave NE Suite 201				541213	code (see instructions)
	US Seattle WA 98125					
3a		nd address X Same as Plan Spo	onsor Name	4.4	3b Administra	ator's FIN
					OD Administra	itor 5 Liiv
					30 Administra	A-d-A-L-L
					3C Administra	ator's telephone number
4	If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since to mber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN	
_a	Sponsor's name				4c PN	
5a	Total number of participants	at the beginning of the plan year	•••••	***************************************	5a	1
b	Total number of participants	at the end of the plan year	•••••	***************************************	5b	2
С	Number of participants with a	account balances as of the end of t	he plan year (defined ben	efit plans do not	5c	2
d(Total number of active par	ticipants at the beginning of the pla	n year	•••••	5d(1)	2
d(2) Total number of active par	ticipants at the end of the plan year				2
е	Number of participants that the less than 100% vested	erminated employment during the p	olan year with accrued ber	efits that were	5e	0
Ca	ution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless researchless		
Un SB	der penalties of perjury and of	ther penalties set forth in the instruction and signed by an enrolled actuary a	tions I declare that I have	evamined this return/re	anost individual if	0.00
S	IGN TOTAL	-	3/18/16	Elizabeth Mance	9	
H	ERE Signature of plan adm	inistrator	Date,	Enter name of individu	al signing as plan	administrator
S	GN SA		3/18/16		iai oigimig ao piairi	administrator
BB10005	ERE Signature of employer	/plan sponsor	Date	Enter name of individu	al ainnin — — —	
Pre		name, if applicable) and address; in	clude room or suite numb	Enter name of individu		
		,	and the state of t		Preparer's teleph	ione number
						,
						· 1 表 《 图 A 图 A 图 A 图 A 图 A 图 A 图 A 图 A 图 A 图

_	Form 5500-SF 2015		Page 2									
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)							_			
b	Are you claiming a waiver of the annual examination and report of all	n indepen	independent qualified public accountant (IODA)					XYes	No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of	2520 104-46? (See instructions on waiver eligibility and and different services of the service										
	if you ariswered No to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must inc	stead	luca l	Form	5500					
С	ir the plan is a defined benefit plan, is it covered under the PBGC ins	surance p	rogram (see ERISA section	on 40	21)?		· Ye	s No	Not o	letermined		
P	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of	of Ye	ar	T		(b) End	of Year			
<u>a</u>	Total plan assets	7a	2	91,	978					.139		
b	Total plan liabilities	7b							348,139			
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	2	91,	978				348	,139		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	The state of	(a) Amoun	t				(b) 1	Γotal			
	(1) Employers	8a(1)	8	38,3	354							
	(2) Participants	8a(2)		24,0			7.	5.5. NO.		PART TO A ST		
_	(3) Others (including rollovers)	8a(3)					B. A.		· · · · · · · · · · · · · · · · · · ·			
b	Other income (loss)	8b	(6,19	93)			4-4-14	TO NOT			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						EMPLOY AND	56	161		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4										
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g				100 B	46 72	a (As) a like	A CHARLES	The second		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			(41 a)		7 7 10 70	ATE AT 1	10 图 20 图			
i	Net income (loss) (subtract line 8h from line 8c)	8i							5.6	161		
<u>i</u>	Transfers to (from) the plan (see instructions)	8j	And the second s				Pitcharla)		30,	101		
Pa	art IV Plan Characteristics	•							5 y 2 2 10 Hz (14)			
9a	If the plan provides pension benefits, enter the applicable pension fee	ature code	es from the List of Plan Ch	narac	teristic	: Cod	es in the	e instruction	nne:			
_	2A 2E 2F 2G 2J 2K 3D							, mon don	5110.			
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Cha	aracte	ristic	Code	s in the	instruction	ıs.			
	35							mon donor	10.			
	rt V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount			
а	and the transfer to the plan any participant continuition	ons within	the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volume Program)	untary Fid	uciary Correction									
b	<u> </u>	(Do not in	clude transactions	10a		Х	Part Age					
	reported on line 10a.)			10b		х						
C	Was the plan covered by a fidelity bond?			10c	х		4.5			50,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fic by fraud or dishonesty?	delity bond	d, that was caused									
е				10d		Х						
Ţ	carrier, insurance service, or other organization that provides some	r persons or all of th	by an insurance be benefits under				100					
	the plan? (See instructions.)	•••••		10e		х	19篇字					
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 as	of year en	d.)	10g		х						
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)	ee instruc	tions and 20 CEP	10h		x						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					Λ						
j	Did the plan trust incur unrelated business taxable income?											
Par	t VI Pension Funding Compliance			10j								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (F 5500) and line 11a below)					Form		▽				
11a	Enter the unpaid minimum required contribution for current year from	1 Schedul	e SB (Form 5500) line 40		••••••	······		•••••••	_ ∟ Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding red	uirement	s of section 412 of the Co	odo a	r opati		11a	10.40		<u></u>		
	, and the state of	qui onient	o or section 412 of the Co	oue o	secti	on 30	∠ of ER	ISA?	_ ∐ Yes	X No		

Form 5500-SF 2015 Page 3-						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
granting the waiver.	nstructions, and	d enter th	e date of	the letter	ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13	Day	Ye	ear		
b Enter the minimum required contribution for this plan year	10.	401				
c Enter the amount contributed by the employer to the plan for this plan year	•••••	12b				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the line will the minimum funding a second to the line will the minimum funding a second to the line will the minimum funding a second to the line will the minimum funding a second to the line will be second to the	Co. Mile Co.	12c				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		120				
Fart VII Plan Terminations and Transfers of Assets			Yes	_l No _l	N/A	
Has a resolution to terminate the plan been adopted in any plan year?		Пу	s X N			
If "Yes," enter the amount of any plan assets that reverted to the employer this year			;5 <u>14</u> 14	0		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug C If during this plan year, any assets or lightlitic. C If during this plan year, any assets or lightlitic.	ht under the c	13a ontrol				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to	······		Yes	X No	
13c(1) Name of plan(s):	- 40	-(0) =::::	,			
	130	c(2) EIN(3)	13c(3)	PN(s)	
Part VIII Trust Information (optional)						
14a Name of trust		14b Trust's EIN				
Accountability Services, LLC 401(k) Plan		27-3453537				
14c Name of trustee or custodian				ustodiani		
Elizabeth Mance Part IX IRS Compliance Questions		14d Trustee or custodian's telephone number (206) 522-0110				
15a Is the plan a 401(k) plan:		X Yes	[No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	Desibase harb	ed safe [or	ADP/A	ACP	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401 (2(a)(2)(ii))?	(m)-	☐ Yes		☐ No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ration Perconnection	_{entage} L	Averaç Benefi		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combiting plan with any other plans under the permissive aggregation rules?		☐ Yes		No		
17a Has the Plan been timely amended for all required law changes?	••••••	Yes		No	□ N/A	
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//_ instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved must be a first tax law changes.	Enter the	applicab	le code _	(See	•	
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter 	it is subject to per. enter the date	a favorab of plan's	le IRS opi	inion or		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl		Yes		 		
19 Were in-service distributions made during the plan year?		Yes		 □ No		
If Yes, enter amount						
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whet not retired) as required under section 401(a)(9)?	her or [19 Yes] No	□ N/A	