## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	F Complete all entries in accor	uance with	n the mstructions to the Form 550	U-3F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011						
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
NW (	CONNECTION SERVICES, INC. 401(K) PLAN				plan number		
					(PN) •	. 001	
				1C	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (e	emplover. if	for a single-employer plan)	2b	Employer Identif		
	CONNECTION SERVICES, INC	,	is a surger surprey or premy		(EIN) 91-21		
				2c	Sponsor's teleph	none number	
2252	5 SE 64TH PLACE				425-306		
STE	2025 QUAH, WA 98027			2d	Business code (		)
	•			01	56130		
	Plan administrator's name and address (if same as plan sponsor, e			30	Administrator's E		
	STE 2025			3c /	Administrator's t	elephone numb	er
	ISSAQUAH,	WA 96027			425-306		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	T		_
b	Total number of participants at the end of the plan year			5b			_
C	Number of participants with account balances as of the end of the			30	1		
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No
b	3					Vaa □	N 1 -
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					X Yes	No
Pa	irt III Financial Information	01111 3300-	or and must instead use Form 55	<del>00.</del>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear	_
a	Total plan assets	. 7a	(a) Beginning of Year		(b) Liid	135305	_
b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		0			135305	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(5)711125111		()	<del></del>	
	(1) Employers	. 8a(1)					
	(2) Participants	. 8a(2)	20000				
	(3) Others (including rollovers)	. 8a(3)	125857				
b	Other income (loss)	. 8b	-9156				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				136701	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1396				
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				1396	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				135305	
i	Transfers to (from) the plan (see instructions)	. 8j					

Form 5500-SF 2011		

Form 5500-SF 2011	Page <b>2</b> - 1
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:

2E 2F 2G 2J 2K 2T 3D 3H

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	)	During the plan year:		Yes	No		Am	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?		Was there a failure to transmit to the plan any participant contributions within the time period described in							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  If If If the 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.  If If If the 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.  If I	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
or dishonesty?	С	Was the plan covered by a fidelity bond?	10c	X					20000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  If Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		10d		X				
That site plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e	X					829
10	f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
if 10th 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.    Art VI	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
art VI Pension Funding Compliance  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	h		10h		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	i		10i						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	art \	VI Pension Funding Compliance				•			
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes in the code of section 302 of ERISA? Yes in the code of section 302 of ERISA? Yes in the code 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 granting the waiver Month Day Year		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[	Yes	X No
a 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 granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year.  C Enter the amount contributed by the employer to the plan for this plan year.  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								Yes	X No
b Enter the minimum required contribution for this plan year	а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	th						-
C Enter the amount contributed by the employer to the plan for this plan year					12h				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  3a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13d									
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a						
Art VII Plan Terminations and Transfers of Assets  3a Has a resolution to terminate the plan been adopted in any plan year?		,		_		Yes	П	No	N/A
Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year						<u> </u>			
If "Yes," enter the amount of any plan assets that reverted to the employer this year						Yes X	No		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			_						
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s			he plai	n(s) to					_
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.				13	c(2) E	IN(s)		13c(3)	PN(s)
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
	auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estak	olished.			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/20/2012	LEWIS HERRINGTON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information							
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α -	This relative point is lot.	•	employer plan (not multiemployer)	I	a one-participant plan			
B ·	A second		turn/report		•			
	an amended return/report	short plai	n year retum/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description	٦)						
Pa	rt II Basic Plan Information—enter all requested informa	tion		. *				
	Name of plan		*	1b	Three-digit			
NW (	CONNECTION SERVICES, INC. 401(K) PLAN				plan number (PN) ▶ 001			
			, i	10	Effective date of plan			
			1		01/01/2011			
<b>2a</b> NW (	Plan sponsor's name and address; include room or suite number (er CONNECTION SERVICES, INC	nployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-2156783			
	•			2c	Sponsor's telephone number			
2252	5 SE 64TH PLACE				425-306-6600			
STE	2025			2d	Business code (see instructions)			
	QUAH WA 98027			26	561300 Administrator's EIN			
3a SAMI	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	)		91-2156783 Administrator's telephone number			
				00	425-306-6600			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	4			
b	Total number of participants at the end of the plan year			5b	2			
С	Number of participants with account balances as of the end of the p complete this item)	lan year (c	lefined benefit plans do not	5c	2			
6a	Were all of the plan's assets during the plan year invested in eligible				Yes No			
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	ınd conditi	ons.)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	rt III   Financial Information				40.5.4.4.4			
7	Plan Assets and Liabilities		(a) Beginning of Year	,	(b) End of Year 135305			
	Totał plan assets	7a			10000			
	Total plan liabilities	7b	(		135305			
	Net plan assets (subtract line 7b from line 7a)	7c		<u>'</u>				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)	20000	)				
	(3) Others (including rollovers)	8a(3)	125857	7				
b	Other income (loss)	8b	-9150	5				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			136701			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
ŧ	Administrative service providers (salaries, fees, commissions)	8f	1390	3				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1396			
i	Net income (loss) (subtract line 8h from line 8c)	8i			135305			
j	Transfers to (from) the plan (see instructions)	8i						
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Annual Contraction	F.	نخبوبا	Form 5500-SF (2011)			

	Form 5500-SF 2011 Page 2 - 1				
Par	IV Plan Characteristics				LILINAN IN THE CONTRACT OF THE
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac				
Pari	V Compliance Questions		<u></u>		annum and the second se
10	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
c	Was the plan covered by a lidelity bond?	10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See Instructions.)	10e	Х	Andrews of the Angels of the State of the St	829
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 end.)	10a		X	
h	If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 (01-3.)	10h		×	
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	101			
Part	VI Pension Funding Compliance		***************************************		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and com 5500)).				
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	9 OF 58	ction :	302 of	ERISA? 🔲 Yes 🖾 No
а	(If "Yes," complete 12a or 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 the waiver.  Mon				
if :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		t **	to out material and many	egy or minimal resource and managery or ma
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	s and

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

120

Yes X No

Yes No

d. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

e Will the minimum funding amount reported on line 12d be met by the funding deadline?......

Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

If Yes, lenter the amount of any plan assets that reverted to the employer this year ..

Part VII

SIGN HERE Signature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor

Date Enter name of individual signing as employer or plan sponsor