_	m 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 a	nd 4065 of the Employe	е	2013			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 1	1974 (ERISA), and se Revenue Code (the C	ctions 6057(b) and 6058	s(a) of	This Form is Open to Public Inspection			
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	Inspection			
Part I		dentification Information		and an diam.	0/04/				
	ar plan year 2013 or fisc	· · · · ·			2/31/2				
				lan (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		the final return/report						
				n/report (less than 12 mo	onths				
C Check b	box if filing under:	Form 5558 ;	automatic extension			DFVC program			
		special extension (enter description							
Part II		mation—enter all requested information	tion						
1a Name	of plan NESS SYSTEMS, INC.				1b	Three-digit plan number			
DASIC DUSI	NESS STOTEMS, INC.	401(K) FLAN				(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/2003			
	oonsor's name and addr INESS SYSTEMS, INC.	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1603050			
1123 MAPLE	E AVE. S.W. , SUITE 10	0			2c	Sponsor's telephone number 425-255-0199			
RENTON, W		-			2d	Business code (see instructions) 541519			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's EIN			
						Administrator's telephone number			
name,	EIN, and the plan num	plan sponsor has changed since the la per from the last return/report.	st return/report filed fo	or this plan, enter the		EIN			
a Spons						PN			
		t the beginning of the plan year			5a	5			
		t the end of the plan year			5b	4			
		count balances as of the end of the pl			5c	4			
		during the plan year invested in eligible				X Yes No			
		he annual examination and report of a							
		(See instructions on waiver eligibility a							
-		her line 6a or line 6b, the plan canno							
C If the p	bian is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA Section 4021)?		Yes No Not determined			
		incomplete filing of this return/repo							
SB or Sche		er penalties set forth in the instructions I signed by an enrolled actuary, as wel ete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	03/15/2014	ERIC WOOD					
	Signature of plan ad	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator			
SIGN									
HERE	Signature of employe		Date			gning as employer or plan sponsor			
Preparer's	name (including firm nai	me, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone number (optional)			

 a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Y 		59561	8	1		266087	
c Net plan assets (subtract line 7b from line 7a)						200007	
			0	16			
Income, Expenses, and Transfers for this Plan Y		59561	8			264412	
,	'ear	(a) Amount			(b) ⁻	Fotal	
a Contributions received or receivable from:	0-(4)	7668	R				
(1) Employers		1640					
(2) Participants			0				
(3) Others (including rollovers) b Other income (loss)		24073	-				
c Total income (add lines 8a(1), 8a(2), 8a(3), and		2101	<u> </u>			48141	
d Benefits paid (including direct rollovers and insu	,					40141	
to provide benefits)	-	377522	2				
e Certain deemed and/or corrective distributions (see instructions) 8e	(D				
f Administrative service providers (salaries, fees,	commissions) 8f	(0				
g Other expenses		182	5				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					379347	
Net income (loss) (subtract line 8h from line 8c)						-331206	
Transfers to (from) the plan (see instructions)	8j						
art V Compliance Questions							
D During the plan year:				Yes N	0	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)							
b Were there any nonexempt transactions with a on line 10a.)			10b	×			
c Was the plan covered by a fidelity bond?			10c	Х		6000	
d Did the plan have a loss, whether or not reimbror dishonesty?			10d	Х			
e 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.)							
f Has the plan failed to provide any benefit wher			10f	Х			
	•		10g	X			
 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 							
i If 10h was answered "Yes," check the box if yo exceptions to providing the notice applied under	u either provided the require	d notice or one of the	10h 10i				
art VI Pension Funding Compliance							
 Is this a defined benefit plan subject to minimum 5500) and line 11a below) 						Yes N	
,,	n for current year from Scheo	dule SB (Form 5500) line 39		11a	1		
1a Enter the unpaid minimum required contribution							
, , ,	e minimum funding requirem	ents of section 412 of the Code	or sec	tion 302	OF ERISA?	Yes X N	
1a Enter the unpaid minimum required contribution			or sec	tion 302	OF ERISA?	Yes X N	
1a Enter the unpaid minimum required contribution2 Is this a defined contribution plan subject to the	2d, and 12e below, as applic a prior year is being amortiz	cable.) zed in this plan year, see instruc	ctions, a	and ente			

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 (enter a minus sign to the left of a 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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re		f Small Employ	yee	OMB Nos 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan Junder sections 104 ar	nd 4065 of the Employe	e	2013		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of '	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					
Pension Benefit Guaranty Corporation	 Complete all entries in accord 	lance with the instruc	tions to the Form 550	0-SF.	Inspection		
	Identification Information						
⁻ or calendar plan year 2013 or fis		/01/2013	and ending		2/31/2013		
A This return/report is for:		a multiple-employer pla	an (not multiemployer)	L	a one-participant plan		
B This return/report is:		the final return/report					
			/report (less than 12 m	onths)	7		
Check box if filing under:		automatic extension		L	DFVC program		
	special extension (enter description						
	rmation—enter all requested informa	ation		1h	Three-digit		
a Name of plan BASIC BUSINESS SYSTI	EMS, INC. 401(K) PLAN			1	PN) ► 0.01		
					Effective date of plan 01/01/2003		
2a Plan sponsor's name and ad BASIC BUSINESS SYSTI	dress; include room or suite number (er EMS, INC.	nployer, if for a single-	employer plan)		Employer Identification Number EIN) 91-1603050		
1123 MAPLE AVE. S.W.	. , SUITE 100				Sponsor's telephone number 425–255–0199		
				D	Business code (see instructions)		
RENTON	WA 98057				541519		
3a Plan administrator's name ar	nd address XSame as Plan Sponsor N	ame IXISame as Plan	Sponsor Address	30 /	Administrator's EIN		
4 If the name and/or EIN of the	e plan sponsor has changed since the la mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Sponsor's name	nder nom 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 p			5c			
Sa Were all of the plan's assets	s during the plan year invested in eligibl f the annual examination and report of a	le assets? (See instruc	tions.)		X Yes N		
under 29 CFR 2520.104-46	? (See instructions on waiver eligibility a	and conditions.)			X Yes N		
	ither line 6a or line 6b, the plan cann						
C If the plan is a defined benef	fit plan, is it covered under the PBGC in	europeo program (coo			Yes No Not determined		
			ERISA section 4021)?				
Caution: A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	use is e	established.		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed a	her penalties set forth in the instructions nd signed by an enrolled actuary, as we	oort will be assessed	unless reasonable cau examined this return/ret	use is e port, inc	established. Cluding, if applicable, a Schedule		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com	her penalties set forth in the instructions nd signed by an enrolled actuary, as we	oort will be assessed	unless reasonable cau examined this return/ret	use is e port, inc	established. Cluding, if applicable, a Schedule		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	oort will be assessed s, I declare that I have ell as the electronic ver	unless reasonable cau examined this return/repor sion of this return/repor	use is e port, inc t, and to	established. Cluding, if applicable, a Schedule		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com SIGN HERE	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	s, I declare that I have ell as the electronic ver	unless reasonable cau examined this return/repor sion of this return/repor	use is e port, inc t, and to	established. Cluding, if applicable, a Schedule o the best of my knowledge and		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com SIGN HERE Signature of plan a SiGN HERE	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	s, I declare that I have ell as the electronic ver Date Date Date	unless reasonable can examined this return/report sion of this return/report ERIC WOOD Enter name of individ ERIC WOOD Enter name of individ	use is e port, inc t, and to lual sign	established. cluding, if applicable, a Schedule to the best of my knowledge and hing as plan administrator hing as employer or plan sponsor		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com SIGN HERE Signature of plan a SiGN HERE	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	s, I declare that I have ell as the electronic ver Date Date Date	unless reasonable can examined this return/report sion of this return/report ERIC WOOD Enter name of individ ERIC WOOD Enter name of individ	use is e port, inc t, and to lual sign	established. cluding, if applicable, a Schedule to the best of my knowledge and ning as plan administrator ning as employer or plan sponsor		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an belief, it is true, correct, and com SIGN HERE Signature of plan a SIGN HERE	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	s, I declare that I have ell as the electronic ver Date Date Date	unless reasonable can examined this return/report sion of this return/report ERIC WOOD Enter name of individ ERIC WOOD Enter name of individ	use is e port, inc t, and to lual sign	established. Cluding, if applicable, a Schedule to the best of my knowledge and hing as plan administrator		

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Page 2

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7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End	of Year	
a Total plan assets	7a	59	5618				266087
b Total plan liabilities	7b		0				1675
C Net plan assets (subtract line 7b from line 7a)	7c	59	5618				264412
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) 1	Total	
a Contributions received or receivable from: (1) Employers	8a(1)		7668		12.4	(a))	b-ha
(2) Participants	8a(2)	1	6400		7.5		
(3) Others (including rollovers)	8a(3)		0				
b Other income (loss)	8b	2	4073		1.1		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4814
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		37	7522		4.5.43		1
e Certain deemed and/or corrective distributions (see instructions)	8e		0			<u></u>	Sec. 14
f Administrative service providers (salaries, fees, commissions)	8f		0				
g Other expenses	8g		1825		5. 1V 15		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second second second					37934
i Net income (loss) (subtract line 8h from line 8c)	81		11.4				-33120
j Transfers to (from) the plan (see instructions)	8j			1.4.1	1.2442	1.1	
Part IV Plan Characteristics							
Part V Compliance Questions	_			_			
	_						
10 During the plan year:			Y	es No		Amoun	it
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 	iciary Correct	tion Program)	Ү 10а	es No	-	Amoun	t
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correct ? (Do not inc	ction Program)		_	_	Amoun	ıt
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? 	iciary Correct? (Do not inc	clude transactions reported	10a 10b	x	_	Amoun	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.). 	iciary Correct? (Do not inc	tion Program)	10a 10b	x		Amoun	6000
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other plan that a loss of the plan that provides some or all other planes to the plane of the plane	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program)	10a 10b 10c 10d	X X X		Amoun	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as 10 did the plan have any participant loans? (If "Yes," enter amount as 11 did to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as 12 did the plan have any participant loans? (If "Yes," enter amount as 11 did to provide any benefit of the plan have any participant loans? (If "Yes," enter amount as 12 did the plan have any participant loans? (If "Yes," enter amount as 12 did the plan have any participant loans? (If "Yes," enter amount as 14 did to provide any benefit of the plan have any participant loans? (If "Yes," enter amount as 14 did the plan have any participant loans? (If "Yes," enter amount as 14 did to provide any benefit when a blackout period? (2520, 101-3.) 	iciary Correc ? (Do not inc fidelity bond her persons I of the benefi n? s of year end (See instruct	tion Program)	10a 10b 10c 10d 10e 10f			Amoun	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as Did the plan have any participant loans? (If "Yes," enter amount as If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correc ? (Do not inc fidelity bond her persons l of the benefi n? s of year end (See instruct he required r 1-3 ents? (If "Ye om Schedul requiremen	tion Program)	10a 10b 10c 10c 10d 10d 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form		6000
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Enter the amount contributed by the employer to the plan for this plan year		12c						
		12d						
Will the minimum funding amount reported on line 12d be met by the funding deadline?			1 Y	es	No	N/A		
VII Plan Terminations and Transfers of Assets								
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 this year		13a						
					Yes	X No		
	olan(s)	to						
	1	3c(2) E	IN(s)		13c(3)	PN(s)		
		_				_		
VIII Trust Information (optional)								
14a Name of trust					14b Trust's EIN			
Name of trust		140	10313					
	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	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). 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a 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(2) E VIII Trust Information (optional)	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)	Enter 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)	Image: Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a line 12c from the amount). 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No VII Plan Terminations and Transfers of Assets Yes No Has a resolution to terminate the plan been adopted in any plan year? 13a Yes Yes Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes Yes 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(2) EIN(s) 13c(3) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) If Trust Information (optional) 1 1		