#### 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	cordance with the insti	uctions to the Form 5500	-SF.	
Part I	Annual Report	t Identification Information				
For calend		fiscal plan year beginning 10/01		and ending 09	9/30/2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)	a one-parti	cipant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC prog	ıram
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name					<b>1b</b> Three-digit	
		NS, INC. PROFIT SHARING PLAN			plan number	
					(PN) ▶	002
					1c Effective date	
						01/2008
	ponsor's name and a SOURCE SOLUTIO	ddress; include room or suite numb NS, INC.	er (employer, if for a sing	le-employer plan)	<b>2b</b> Employer Ider (EIN) 26-4	ntification Number 1444801
					2c Sponsor's tele	enhone number
222 LEE ST	REET SOUTHWEST	SUITE 116				15-8122
	R, WA 98501				2d Business code 541	` ,
<b>3a</b> Plan a	dministrator's name a	and address Same as Plan Spon	sor Name Same as P	an Sponsor Address	<b>3b</b> Administrator'	
LOBAL RES	SOURCE SOLUTION	S, INC. 222 LEE S	STREET SOUTHWEST S	UITE 116		4444801
		TUMWAT	ER, WA 98501			s telephone number 15-8122
					300-9	13-0122
4 If the r	nama and/or EIN of th	ne plan sponsor has changed since	the last return/report files	I for this plan, optor the	<b>4b</b> EIN	
		umber from the last return/report.	the last return/report met	rior triis plan, enter trie	4D EIN	
	or's name				4c PN	
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	43
<b>b</b> Total	number of participant	s at the end of the plan year			5b	43
		account balances as of the end of			0.0	
			. , ,	•	5c	43
<b>6a</b> Were	all of the plan's asse	ets during the plan year invested in	eligible assets? (See instr	uctions.)		X Yes No
		of the annual examination and repo				
		6? (See instructions on waiver eligib	•			X Yes No
If you	ı answered "No" to e	either line 6a or line 6b, the plan	cannot use Form 5500-S	F and must instead use F	Form 5500.	
	•	or incomplete filing of this retur				
		other penalties set forth in the instru				
	edule IVIB completed a true, correct, and con	and signed by an enrolled actuary, a	as well as the electronic v	ersion of this return/report,	and to the best of h	ny knowledge and
r	ı,			1		
SIGN HERE	Filed with authorized	d/valid electronic signature.	07/15/2014	CHARLES B GRAMP		
TILIXL	Signature of plan	administrator	Date	Enter name of individua	al signing as plan a	dministrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individua	al signing as emplo	ver or plan sponsor
Preparer's		name, if applicable) and address; ir	nclude room or suite num			ne number (optional)
Ī						
				L		
				-		

Form 5500-SF 2012 Page **2** 

Dor	t III   Financial Information		-				
Par	<u> </u>				<u> </u>		#\
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Total plan assets	7a 	35863	33			346656
	Total plan liabilities	7b	05000		-		0.40050
	Net plan assets (subtract line 7b from line 7a)	7c	35863	33	-		346656
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-1197	7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-11977
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					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-11977
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2D 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	7
b		? (Do not	include transactions reported	10b		X	
	Was the plan covered by a fidelity bond?			10c	X		50000
d	, , ,			100			50000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	ne require	d notice or one of the	10ii			
Part		1-3		101		l	
11	VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB 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	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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?		Yes 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 X 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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

#### 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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information			00/20/2	01.2
For calenda		0/01/2012	and ending	09/30/2	
A This ret	urn/report is for:	a multiple-employer pla	an (not multiemployer)	a one-pa	articipant plan
B This ret	urn/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mg	onths)	
C Check	oox if filing under: X Form 5558	automatic extension		DFVC p	rogram
	special extension (enter description	on)			
Part II	Basic Plan Information—enter all requested inform	ation			
1a Name				1b Three-digit	
Global	Resource Solutions, Inc. PROFIT SHA	ARING PLAN		plan numb	er 002
				1c Effective d	ate of plan
				10/01/2	
2a Plan s	ponsor's name and address; include room or suite number (e	employer, if for a single-	employer plan)	2b Employer I	dentification Number
	RESOURCE SOLUTIONS, INC.				4444801
				2c Sponsor's	telephone number
222 LE	E STREET SOUTHWEST SUITE 116			360-915	
					ode (see instructions)
TUMWAT			0	541990 <b>3b</b> Administra	tor's EIN
	dministrator's name and address Same as Plan Sponsor I	Name Same as Plan	Sponsor Address	26-444	
GLOBAL	RESOURCE SOLUTIONS, INC.			3c Administra	tor's telephone number
222 12	E STREET SOUTHWEST SUITE 116			360-915	5-8122
222 DE	S SIREE SOUTHWEST SOUTH ITO				
TUMWAT	ER WA 98501				
	name and/or EIN of the plan sponsor has changed since the	last return/report filed fo	or this plan enter the	4b EIN	
4 If the name	EIN, and the plan number from the last return/report.	last return/report med to	i this plan, enter the	46 EIII	
	or's name			4c PN	
<b>5a</b> Total	number of participants at the beginning of the plan year			5a	43
<b>b</b> Total	number of participants at the end of the plan year			5b	43
C Numb	er of participants with account balances as of the end of the	plan year (defined bene	fit plans do not		42
	lete this item)			5c	43
6a Were	all of the plan's assets during the plan year invested in eligit	ble assets? (See instruc	tions.)		X Yes No
<b>b</b> Are y	ou claiming a waiver of the annual examination and report of · 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independent qualifie and conditions.)	d public accountant (IQ	(PA)	X Yes No
If you	answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.	
	A penalty for the late or incomplete filing of this return/re				d.
Under pen	alties of perjury and other penalties set forth in the instruction	ns. I declare that I have	examined this return/re	port, including, if a	applicable, a Schedule
SB or Scho	edule MB completed and signed by an enrolled actuary, as w true, correct, and complete.	vell as the electronic ver	sion of this return/report	t, and to the best	of my knowledge and
Deliei, it is	The contest and complete.	<u> </u>			
SIGN	( Mul & Hans	07/14/2014	CHARLES B GRA	MP	
HERE	Signature of plan administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individ		ployer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; inclu		r (optional)	Preparer's telep	hone number (optional)
1					

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	3	5863	33		346656
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	3	5863	33		346656
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)					
	(3) Others (including rollovers)	8a(3) 8b		1197	77		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		117	+		-11977
	Benefits paid (including direct rollovers and insurance premiums	OC.					11377
	to provide benefits)	8d			_		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			-		-11977
	Transfers to (from) the plan (see instructions)	8j					
-	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2D 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	es in 1	the instructions:
-							
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		50000
d	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 o			10e		Х	
	instructions.)					v	
	Has the plan failed to provide any benefit when due under the plan			10f		X	
<u>g</u>			,	10g		Х	
n	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 th	e required	d notice or one of the				
Dont	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i		3,3327	
Part 11	Is this a defined benefit plan subject to minimum funding requirement						
44-	5500) and line 11a below)						Yes No
0.50	Enter the amount from Schedule SB line 39					11a	EDIOAO   T Vee El V
12	Is this a defined contribution plan subject to the minimum funding	•		or se	ction 3	02 of	ERISA? Yes X No
a	(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			rtione	and o	nter th	ne date of the letter ruling
	granting the waiver.				and e	Day	Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

Form	5500-SF	2012

Page 3 -
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С	Enter the amount contributed by the employer to the plan for this plan year		120	1						
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)		120						_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	1	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 Z	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 of the PBGC?	the	contro	ol				Ye	s X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl which assets or liabilities were transferred. (See instructions.)	an(s)	to				_			
	13c(1) Name of plan(s):	1	3c(2)	EIN	1(s)		$\perp$	13c(	3) P	N(s)
			201725				+			
							上			
Part	t VIII Trust Information (optional)									
14a	Name of trust		14b	Tru	ust's l	EIN				

## Form **5558**

(Rev. August 2012)

Signature ▶

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at <a href="https://www.irs.gov/form5558">www.irs.gov/form5558</a>

OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions)	In	Eiler'e	idontif	ing number (	i	1					
^		В			ying number (							
	GLOBAL RESOURCE SOLUTIONS, INC.  Number, street, and room or suite no. (If a P.O. box, see instructions)	-	Lilipio	yer iden		fication number (EIN) (9 digits XX-XXXXXXX 26-4444801						
	222 LEE STREET SOUTHWEST SUITE 116		Social	security	number (SSN		-XX-XXXX					
	City or town, state, and ZIP code		Social	security	/ Humber (5514	i) (a digita xxx	-^^-					
	TUMWATER, WA 98501											
С	•		Plan		Pla	n year end	ing—					
	Plan name	r	numbe	r	MM	DD	YYYY					
		0	0	2	09	30	2013					
	Global Resource Solutions, Inc. PROFIT SHARING PLAN			-	03	30	2013					
Par	t II Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA									
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first F	Form 5	500 s	eries return/	report for th	e plan listed					
2	I request an extension of time until				structions).							
3	I request an extension of time until 07 / 15 / 2014 to file Form				tructions).							
	Note. A signature IS NOT required if you are requesting an extension to file For	rm 895	5-SSA	١.								
	The application <b>is automatically approved</b> to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this ex	xtensio	n is r								
4	I request an extension of time until / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the		al due	date	of Form 533	0.						
a	Enter the Code section(s) imposing the tax	•	а									
b	Enter the payment amount attached					h						
	Enter the payment amount attached		•									
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	ameno	dment	date .	>	С						
5	State in detail why you need the extension:											

Date ▶