Form 5500-SF		Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employee	Э	2013
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500)-SF.	Inspection
Part I		dentification Information				
For calenda	ar plan year 2013 or fisc I	· · · · ·		v	0/07/2	
	urn/report is for:			an (not multiemployer)		a one-participant plan
B This ret	urn/report is:		ne final return/report			
-				n/report (less than 12 mo	onths)	-
C Check b	box if filing under:		utomatic extension			DFVC program
		special extension (enter description)				
Part II		mation—enter all requested information	on		1h	
1a Name BASIC BUSI	of plan NESS SYSTEMS, INC.	401(K) PLAN			a	Three-digit plan number
						(PN) ▶ 001
					1c	Effective date of plan
2a Plan si	nonsor's name and addr	ess; include room or suite number (emp	nover if for a single.	employer plan)	2h	01/01/2003 Employer Identification Number
	INESS SYSTEMS, INC.				20	(EIN) 91-1603050
1123 MAPI F	E AVE. SW. STE. 100				2c	Sponsor's telephone number 425-255-0199
	/A 98057-3161				2d	Business code (see instructions)
						541519
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN
						Administrator's telephone number
4 If the r	name and/or EIN of the r	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN
name,	, EIN, and the plan numb	ber from the last return/report.	·	• •		
a Sponse					4c	PN
		t the beginning of the plan year			5a	4
		t the end of the plan year			5b	0
	· ·	ccount balances as of the end of the pla		•	5c	0
		during the plan year invested in eligible				Yes No
		he annual examination and report of an				
		(See instructions on waiver eligibility and ner line 6a or line 6b, the plan cannot	,			
-		plan, is it covered under the PBGC insu			_	
				,		
		 incomplete filing of this return/reporter penalties set forth in the instructions, 				
SB or Sche		signed by an enrolled actuary, as well				
SIGN	Filed with authorized/va	alid electronic signature.	10/15/2014	ERIC WOOD		
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sic	ning as employer or plan sponsor
Preparer's		me, if applicable) and address; include r				parer's telephone number (optional)

a Total plan liabilities 7a 200087 0 b Total plan liabilities 7b 1675 0 c Net plan sessets (subtract line 7b from line 7a) 7c 264412 0 3 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Orbitbulons received or receivable from: 8a(1) 5521 0 (2) Participants 8a(2) 8356 0 0 (3) Others (including rollovers) 8a(3) 0 0 23955 d Benefits paid (including rollovers) 8d 267219 0 23955 d Contributions (dading rollovers) 8d 267219 0 0 f Administrative service provides (salaries, fees, commasions) 8d 267219 0 0 g Other expenses 6g 0	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X N (If "Yes," complete line 12a or lines 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, and enter the date of the letter ruling granting the waiver. 	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.) 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit ?	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Schecc	X X X X X	(Form		10
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Schec	X X X X X	(Form		10
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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n? s of year end See instruct e required n -3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Schecc	X X X X X X Iule SE	3 (Form	Yes	10
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi ? s of year enc See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Schecc	X X X X X X Iule SE	3 (Form	Yes	10
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the second many standard for a prior year is being a standard for a prior year is being the awaiver of the minimum funding standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being	ciary Correc ? (Do not inc fidelity bond er persons to of the benefi n? s of year end s of year end	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X X X X Scheccon 3	X X X X X Iule SE	3 (Form 	Yes	10

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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be	e	2013				
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Inter		This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ictions to the Form 550	0-SF.			
Part I Annual Report I For calendar plan year 2013 or fis	dentification Information	01/01/2014	and ending	1	0/07/2014		
A This return/report is for:	X a single-employer plan		plan (not multiemployer)	4	a one-participant plan		
B This return/report is:	the first return/report	X the final return/report		L			
		X a short plan year retu		onths)			
C Check box if filing under:	Form 5558	automatic extension		Г.	DFVC program		
	special extension (enter descrip			Ĺ			
Part II Basic Plan Infor	mation—enter all requested info						
1a Name of plan					Three-digit		
Basic Business Syste	ems, Inc. 401(K) Plan				PN) PN001		
					Effective date of plan		
					1/01/2003		
2a Plan sponsor's name and add Basic Business Syste	lress; include room or suite number ms, Inc.	employer, if for a single	-employer plan)		Employer Identification Number EIN) 91-1603050		
1123 Maple Ave. SW,	Sto 100				Sponsor's telephone number		
1125 Mapie Ave. 5W,	5CE. 100				25-255-0199 Business code (see instructions)		
Renton	WA 98057-3161				541519		
3a Plan administrator's name and	d address 🛛 Same as Plan Sponso	r Name XSame as Pla	n Sponsor Address	3b A	dministrator's EIN		
				30	Administrator's telephone number		
					diministrator s telephone number		
4 If the name and/or EIN of the	plan sponsor has changed since th	e last return/report filed f	for this plan, enter the	4b 8	-IN		
name, EIN, and the plan num	ber from the last return/report.						
a Sponsor's name	the beginning of the slar war			4c F			
	at the beginning of the plan year at the end of the plan year			5a	4		
	ccount balances as of the end of th			5b	0		
	count balances as of the end of th			5c	0		
	during the plan year invested in elig				X Yes No		
	the annual examination and report (See instructions on waiver eligibili				X Yes 🗍 No		
	her line 6a or line 6b, the plan ca						
	plan, is it covered under the PBGC						
Caution: A nonalty for the late of	r incomplete filing of this return/	report will be appeared					
	er penalties set forth in the instructi						
SB or Schedule MB completed and belief, it is true, correct, and completed	d signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	, and to	the best of my knowledge and		
SIGN	J.L	10/9/14	ERIC WOOD				
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual signi	ing as plan administrator		
SIGN	A LICE SALE ENCLOYED						
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual signi	ing as employer or plan sponsor		
Preparer's name (including firm na	ime, if applicable) and address; incl	lude room or suite numbe	er (optional)	Prepar	rer's telephone number (optional)		

7 Pl	Ian Assets and Liabilities	11-1-51	(a) Beginning of Yea	r			(b) End	of Yea	r
а то	otal plan assets	7a	26	5608	37				
b To	otal plan liabilities	7b		167	'5				
C N	et plan assets (subtract line 7b from line 7a)	7c	26	5441	.2				
B In	ncome, Expenses, and Transfers for this Plan Year	21 T .X	(a) Amount				(b)	Total	
	ontributions received or receivable from:	Po(4)		552	1				
040	I) Employers	8a(1)		835	_				WD.
	2) Participants	8a(2)		055	0	1.001	1		T F N
	Others (including rollovers) ther income (less)	8a(3) 8b		977	19			2	i de l'
	otal income (loss) otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80		511	-				236
	enefits paid (including direct rollovers and insurance premiums	00		12.20		50	THE NO.	3	230
	provide benefits)	8d	28	3721	.9	n ag E			11.5
e C	ertain deemed and/or corrective distributions (see instructions)	8e			0	Se. 3	6.56.17		
f A	dministrative service providers (salaries, fees, commissions)	8f		84	.9	2.11			
g O	ther expenses	8g			0	151	115.0	Eyn u	S. 1
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		10					2880
	et income (loss) (subtract line 8h from line 8c)	8i	inter a series and a series of the series	5.11		_		_	-2644
j Tr	ransfers to (from) the plan (see instructions)	8j			0	Xit	1 60 .	1218	
b If	f the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in t	he instruc	tions:	
		eature codes	from the List of Plan Charac	cterist	ic Cod	es in t	he instruc	lions:	
Part \		eature codes	from the List of Plan Charac	cterist	ic Cod Yes	es in t No	he instruc	tions: Amou	int
Part \	Compliance Questions	tions within th	ne time period described in	terist			he instruc		int
Part V 0 1 a V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within th iciary Correct ? (Do not inc	ne time period described in tion Program)			No	he instruc		nt
Part V 0 1 a V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions within th iciary Correct ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a		No X	he instruc		601
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Part \ 10 a b c c d f g h i Part \ 11	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 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 instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 1520.101-3.)	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X X Sched	No X X X X X		Amou	601
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Part V 10 1 a V b V c c d 1 f f f 11 1 11a 1	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 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 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 /I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th Joiary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? s of year end (See instruction the required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See ons and 29 CFR otice or one of the s," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X Sched	No X X X X X		Amou	600
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Page \$	3 -
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С	Enter the amount contributed by the employer to the plan for this plan year	m	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?		X	Yes	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?						
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.)						
1	3c(1) Name of plan(s):	1	3c(2) E	N(s)		13c(3) PN(s)	
			_				
					_		
Part	VIII Trust Information (optional)						
the rest of the rest	14a Name of trust						