## 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

2014

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information	on						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/0	1/2014	and ending 12	2/31/2014				
A This re	■ a single-employer plan □ a multiple-employer plan (not multiemployer plan of participating employer information in account of participating employer information in account of participating employer information in account of participating employer plan of participating employer empl					r) (Filers checking this box must attach a list ordance with the form instructions)			
		a one-participant plan	a foreign plan						
B This return/report is				eport					
		an amended return/report	a short plan year	return/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic exten	sion	DFVC p	orogram			
	3	special extension (enter de	escription)						
Part II	Basic Plan In	formation—enter all requested	d information						
1a Name					<b>1b</b> Three-digi				
BUSINESS	SUPPORT SERVIC	ES NORTHWEST, LLC 401(K) PI	ROFIT SHARING PLAN		plan numb	oer 001			
					(PN) 1C Effective of				
						01/01/1998			
		address; include room or suite nu ES NORTHWEST, LLC	mber (employer, if for a	single-employer plan)		Identification Number			
DOUNTEOU	0011 0111 02111101	.5 (10)(11)(12)(12)			` '	91-1928809 stelephone number			
1001 E. MAI	PLE STREET					60-733-5530			
BELLINGHA	M, WA 98225				2d Business code (see instruction				
3a Plan a	administrator's name	and address XSame as Plan Sp	oonsor.		<b>3b</b> Administra	541219 ator's EIN			
		ш							
					_				
					<b>3c</b> Administra	ator's telephone number			
					3c Administra	ator's telephone number			
					<b>3c</b> Administra	ator's telephone number			
					<b>3c</b> Administra	ator's telephone number			
4 If the	name and/or EIN of	the plan sponsor has changed sin	nce the last return/report	filed for this plan, enter the	3c Administra 4b EIN	ator's telephone number			
name	e, EIN, and the plan r	the plan sponsor has changed sin number from the last return/report		filed for this plan, enter the	<b>4b</b> EIN	ator's telephone number			
name <b>a</b> Spons	e, EIN, and the plan r sor's name	number from the last return/report	•		4b EIN 4c PN	· 			
a Spons 5a Total	e, EIN, and the plan r sor's name number of participar	number from the last return/report	ar		4b EIN 4c PN 5a	28			
a Spons 5a Total b Total	e, EIN, and the plan r sor's name number of participar number of participar	number from the last return/report.  Ints at the beginning of the plan year	ar		4b EIN 4c PN 5a 5b	· 			
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<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the control of the control of the plan cannot with the control of t	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d use	PA)  <b>Form</b>	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No Not determined
Par					- T		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	6762	232	_		803514
	Fotal plan liabilities	7b	6760	222	-		002544
	Net plan assets (subtract line 7b from line 7a)	7c	6762	232	-		803514
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	373	332			
	2) Participants	8a(2)	594	106			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	305	544			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					127282
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (	Other expenses	8g					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					127282
	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  Compliance Questions						
10	During the plan year:				Yes	No	Amount
a b	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 Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		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 2520.101			10i			
Part	<u> </u>						<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•••••		<u></u>			
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550)	0), and :	skip	to line 13.			
b	Enter the minimum required contribution for this plan year				12b		
С	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 negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadl					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 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s)		<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			•			•
	Name of trust NESS SUPPORT SERVICES NORTHWEST LLC RETIREMENT TRUST					rust's EIN 911932789	

## Form 5500-SF

Department of the Tressury treemed Revenue Service

## 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 Reimment income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public

Department of Libor Employee Security Administration	Department of Labor time Internal Revenue Code (the Code).  keyes Benefits Security Administration:					
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instruct	ions to the Form 5500-	8F		
Annual Report	Identification Information	1		12/31/2014		
or calendar plan year 2014 or fit	scal plan year beginning	01/01/2014	and ending			
A This return/report is for:  B This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	of panicipaling employ a foreign plan the final return/report	n (not multiemployer) (Fi ar Information In accorda s/report (less than 12 mo	nce with the form	Instructions)	
C Check box if illing under:	Form \$568	autometic extension		☐ DFVC pro	ogram	
O CHARLE DOC II SHITTY THE T	special extension (enter des	cription)				
Participation Design	ormation enter all requests					
Basic Plan Inf	Office Control			1b Three-digit plan numbe	ur Ì	
	ERVICES NORTHWEST, LLC	401(K) Profit Shar	ing Plan	(PN) ►	001	
Englisher souscer c	10 Effective date of plan 01/01/1998					
2a Plan sponsor's name and a supposer s	ddress; include room of sales nun DERVICES NORTHWEST, LLA	iber (employer, if for a single-	employer plan)	2b Employer k (EIN) 91	ientification Number -1926809	
INDIANAGE CORP.	•			20 Sponsor's ( (360) 7:	elephone number 33-5530	
1001 E. HAPLE STREET					ade (see instructions)	
US RELECTIONS NO. 98228  38 Plan administrator's name and address X Same as Plan Sponsor Name					lor's EIN	
4 If the name and/or EIN of	the plan sponsor has changed sin	ce the last ratum/report filed t	or this plan, enter the	4b EIN	tor's telephone number	
name, EIN, and the plan it	number from the last return/report.			4c PN		
Sponsor's name	its at the beginning of the plan yea	ır		5 <b>a</b>	28	
h Total number of participar	ets at the end of the plan year			5b	24	
C Number of participants will	in account balances as of the end	of the plan year (defined ben	efft plans do not	5c	18	
	participants at the beginning of the	nian weer		5d(1)	25	
• •				5d(2)	21	
d(2) Total number of solive participants at the end of the plan year  Number of participants that terminated employment during the plan year with accrued benefits that were					C	
less than 100% vested		***************************************			ud	
	ate or Incomplete filing of this re d other penalties set forth in the in d and signed by an envolled actus complete.	and the state of t		7 T. B. K. K. K. T. B. J.		
1 / YH	a Neu	2/3//5	Anne Mas	Here		
Signature of plan		Defe	Enter pame of individu	al signing as plan	administrator	
and love M	<u> </u>	2/3/15	anne Mas	Nece		
Signature of emplo		Date	Enter name of Individu			
Preparer's name (including for	m name, if upplicable) and addres	is; include room or suite num	ber (optional)	Preparar's tela	phone number (optional)	
				en e e e e e en e e e e e e e e e e e e		