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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	inspection	
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 10/01/2013		and ending 0	9/30/2	2014	
	urn/report is for:			lan (not multiemployer)		a one-participant plan	
B This ret	urn/report is:		the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)) <u> </u>	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program	
		special extension (enter description	า)				
Part II	Basic Plan Info	rmation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
GLOBAL RE	SOURCE SOLUTIONS	S, INC. RETIREMENT PLAN				plan number	
					10	(PN) 003	
					10	Effective date of plan 10/01/2008	
2a Plan s	ponsor's name and ad	dress; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identification Number	
GLOBAL RE	SOURCE SOLUTION	S, INC.			0-	(EIN) 26-4444801	
222 FF ST	REET SOUTHWEST S	SUITE 116			2C	Sponsor's telephone number 360-915-8122	
TUMWATER		50112 110			2d	Business code (see instructions) 541990	
3a Plan a	dministrator's name an	nd address Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN	
LOBAL RES	OURCE SOLUTIONS		ET SOUTHWEST SUI	TE 116	20	26-4444801	
		TUMWATER, W	VA 98501		3C	Administrator's telephone numbe 360-915-8122	r
		plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN	
name a Spons	•	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		22
_		at the end of the plan year			5b		22
		account balances as of the end of the p	• •	-			
_	,	s during the plan year invested in eligible			5c	X Yes \[\bigcap \]	No
_		the annual examination and report of a			 PA)		••
		? (See instructions on waiver eligibility a				X Yes 🗌 N	No
If you	answered "No" to ei	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.	
C If the p	olan is a defined benef	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .	X	Yes No Not determined	I
Caution: A	nenalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
		ner penalties set forth in the instructions					
SB or Sche		nd signed by an enrolled actuary, as we					
belief, it is i	rac, correct, and comp	olote.		1			
SIGN HERE	Filed with authorized/	valid electronic signature.	07/13/2015	CHARLES B GRAMP			
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan administrator	
SIGN							
HERE	Signature of emplo		Date			gning as employer or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone number (optional	l)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Vo			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		01429)	
	Total plan liabilities	7a 7b	0.002						01120		
	Net plan assets (subtract line 7b from line 7a)	76 7c	57062	6				8	01429)	
	Income, Expenses, and Transfers for this Plan Year	70					/b) T		0.120		
	Contributions received or receivable from:		(a) Amount				(b) To	Mai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	23080	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23	30803		
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							C)	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						2	30803	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1D 3D 1I	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo			
a		tions withi	n the time period described in		103	140		AIIIO	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		Х					
N	on line 10a.)	`	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					100	000
d	, , ,			100						100	000
	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										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ					
h		(See instru	uctions and 29 CFR	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 required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							<u> </u>	Yes	V	No
110	5500) and line 11a below)								. 03	^	. 40
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICA:	\neg	Voc	V	NI-
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	٨	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	and a	ontor +1	o data of "	20 101	ttor ru	in~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (Day		Year		ıııg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	Ī				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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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 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?	Y	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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	fit Guaranty Corporation	 Complete all entries in accordance 	ce with the instruction	ns to the Form 5500-	Sr.	
artl	Annual Report Id	entification Information	1/2013	and ending	09/30/	2014
or calendar	plan year 2013 or fisca	al plan year beginning 1070				participant plan
This retur	n/report is for:		multiple-employer plan	(not muitiemployer)	☐ ~ • · · · ·	
This retu			e final return/report	40	the)	
		an amended return/report a s	hort plan year return/re	eport (less than 12 mor		
Chook by	ox if filing under:	X Form 5558 au	tomatic extension		□ peac	program
• Check bu		special extension (enter description)				
5 4 11	Decis Blan Infor	mation—enter all requested information	on			
Part II		mation—enter an requestes men			1b Three-dip	
1a Name o	RESOURCE SOLU	TIONS, INC. RETIREMENT P	PLAN		(PN)	003
GHODM	T(E)				1c Effective	date of plan
					10/01/	
		in to do ream or quite number (emr	ployer if for a single-er	nployer plan)	2b Employe	er Identification Number
2a Plan sp	onsor's name and add RESOURCE SOLU	ress; include room or suite number (emp	oloyon, in for a carage			6-4444801
GLOBAL	KESOUNCE SOIL	11000, 2000			2c Sponsor	r's telephone number
222 155	' STREET SOUTH	WEST SUITE 116				15-8122
	DIKEEL SCOIL		,			s code (see instructions)
TUMWATE	r R	WA 98501			54199	
	dministrator's name and	d address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b Adminis	144801
CT OPAT	RESOURCE SOLU		_			trator's telephone number
GLODAL	KESOUNCE BOLD					15-8122
222 T.E.F	STREET SOUTH	WEST SUITE 116				
222 1101	_ DIRECT					
_4WAT1	ER	WA 98501				
A If the	name and/or FIN of the	plan sponsor has changed since the las	st return/report filed for	this plan, enter the	4b EIN	
4 If the r	EIN, and the plan nur	nber from the last return/report.			4c PN	
2 Chone	or's name					22
5a Total	number of participants	at the beginning of the plan year			5a	22
b Total	number of participants	at the end of the plan year			5b	22
- 11	of morticipants with	account balances as of the end of the pla	an year (defined bene	nt plans do not	5c	
	1-1-11-1-11-11				Ã	X Yes No
6a Were	all of the plan's assets	s during the plan year invested in eligible	e assets? (See instruct	d public accountant (IQ	PA)	
b Are y	ou claiming a waiver of	f the annual examination and report of all ? (See instructions on waiver eligibility al	nd conditions.)	u public decearing (X Yes No
10		ithor ling 6a or line 6h, the plan canno	16-00cc III104 9SN 10	alla illust illotoda des		
o If the	plan is a defined henef	fit plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?	X Yes	No Not determined
C II tile	plair is a defined bene-	it plant, to it determined	t will be seened	unloss reasonable ca	use is establi	shed.
Caution:	A penalty for the late	or incomplete filing of this return/repo	I doclare that I have	examined this return/re	port, including	, if applicable, a Schedule
Under per	nalties of perjury and ot	her penalties set forth in the instructions nd signed by an enrolled actuary, as wel	Il as the electronic ver	sion of this return/repor	t, and to the b	est of my knowledge and
belief, it is	true, correct, and com	plete/				
)// 62	07/09/2015	CHARLES B GRA	MP	
SIGN	1	and I will		Enter name of individ	dual signing as	s plan administrator
HERE	Signature of plan a	administrator	Date	Eliter Hairie Of Hidivit	addi Oiginiig de	
SIGN						ampleyer or plan energer
HERE	Signature of empl	oyer/plan sponsor	Date		dual signing as	s employer or plan sponsor telephone number (optional)
Preparer's	s name (including firm	name, if applicable) and address; include	e room or suite numbe	er (optional)	Fiehaleis	Coophone name (-passes)
			· · · · · · · · · · · · · · · · · · ·	QE .		Form 5500-SF (2013

	II Financial Information						End of Ver	
مان	an Assets and Liabilities		(a) Beginning of Year	60.6		(b)	End of Yea	801429
	tal plan assets	7a	570	626				001429
	tal plan lassetstal plan liabilities	7b						801429
0 No	et plan assets (subtract line 7b from line 7a)	7c	570	626				001429
	come, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
B Inc	ontributions received or receivable from:							
a (1)) Employers	8a(1)						
) Participants	8a(2)						
	Others (including rollovers)	. 8a(3)	220	2003				
	ther income (loss)	. 8b	230	0803				230803
c To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						
d Be	enefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d						
e C	ertain deemed and/or corrective distributions (see instructions)	. 8e						
	dministrative service providers (salaries, fees, commissions)	8f						
	Other expenses	. 8g						(
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						230803
	let income (loss) (subtract line 8h from line 8c)							
j T	ransfers to (from) the plan (see instructions)	·· 8j						
Part	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension			otorio	io Cor	les in the	instructions	
) Part	V Compliance Questions			- 1	Yes	No	Am	ount
10	During the plan year:				163		74	
	Was there a failure to transmit to the plan any participant contrib	outions within	n the time beriod described iii i					
	OF OFF SEAR S ARSS (See instructions and DOLS VOIGILIALY I	ducially Coll	Collett region ,	10a		Х		
b	29 CFR 2510.3-102? (See instructions and DOL's voluntary in Were there any nonexempt transactions with any party-in-intereon line 10a.)	st? (Do not	include transactions reported	10a 10b	v	Х		10000
	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond?	est? (Do not	include transactions reported		Х			10000
c d	29 CFR 2510.3-102? (See instructions and DOL's voluntary in Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not	include transactions reported	10b	Х			10000
c d	Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not	nd, that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c	X	Х		10000
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c d	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the provides.	st? (Do not 's fidelity bo other person all of the ber	nd, that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e 10f	Х	x x x		10000
c d e	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or districtions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amounts."	st? (Do not 's fidelity bo other persor all of the ber olan?	nd, that was caused by fraud us by an insurance carrier, nefits under the plan? (See	10b 10c 10d	X	X X X X X		10000
c d e	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the public this is an individual account plan, was there a blackout period 2520 101-3.	st? (Do not 's fidelity bo other persor all of the ber blan? t as of year	nd, that was caused by fraud is by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e 10f	Х	x x x		10000
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c d e f g h i Part 11 11a	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or dinsurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the plid the plan have any participant loans? (If "Yes," enter amount of 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 exceptions to providing the notice applied under 29 CFR 2520. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required to out the provided and the plan in the plan subject to minimum funding required to out the plan for current years.	st? (Do not size fidelity bo so ther personall of the ber solan?	include transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See and) uctions and 29 CFR and notice or one of the "Yes," see instructions and cor adule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	e Sche	X X X X X dule SB (Yes X N
c d e	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or dinsurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount of 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 exceptions to providing the notice applied under 29 CFR 2520. It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below) Enter the unpaid minimum required contribution for current years in the plan subject to the minimum funding the plan subj	st? (Do not strength of the person all of the ber solan?	include transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See end.) uctions and 29 CFR and notice or one of the "Yes," see instructions and cor adule SB (Form 5500) line 39 ments of section 412 of the Cod	10b 10c 10d 10e 10f 10g 10h 10i	e Sche	X X X X X A X A A A A A A A A A A A A A	RISA?	
c d e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or dinsurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount of 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 exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to provide the notice applied under 29 CFR 2520. If 10h was answered "Yes," check the box if you either provided exceptions to provide a provided exceptions to provide a provided exception the provided exceptions to provide a provided exception the provided exceptions the provided exception the provided exceptions the provided exception the provided exception the provided exception the provided exce	st? (Do not sise fidelity bo so ther personall of the bersonall of the bersonall of the series of year do the required the required to the required from Scheling required low, as applibeing amort	include transactions reported and, that was caused by fraud as by an insurance carrier, anefits under the plan? (See and notice or one of the and notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i mplete	e Sche	X X X X X A X A A A A A A A A A A A A A	RISA?	Yes X N
c d e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or dinsurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount of 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 exceptions to providing the notice applied under 29 CFR 2520. It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below) Enter the unpaid minimum required contribution for current years in the plan subject to the minimum funding the plan subj	cist? (Do not cist? (Do not cist?) delity boother persor all of the berolan?	include transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i e or s uction nnth 3.	e Sche	X X X X X A X A A A A A A A A A A A A A	RISA?	Yes X N

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		12c			
	Enter the amount contributed by the employer to the plan for this plan year	404			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	☐ Yes	П №	□ N/A
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		100		
Dart	VII Plan Terminations and Transfers of Assets	т .	Yes X	No	
13a	Has a resolution to terminate the plan been adopted in any plan year?	1-	res A	140	
	K "Yes," enter the amount of any plan assets that reverted to the employer this year	. 154			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the			Y	es 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.)		INI(a)	13	c(3) PN(s)
	13c(1) Name of plan(s):	13c(2) ⊟	114(5)	1.0	(() (-)
Par	t VIII Trust Information (optional)	14h	Trust's Ell	N.	
***************************************	Name of trust	מדו	Trust's Ell		

Form **5558** (Rev. August 2012)

epartment of the Treasury ternal 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 www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	Identification	В	Filer's	dentify	ng number (se	e instructi	ons)	
	me of filer, plan administrator, or plan sponsor (see instructions)				ification number			(XXXX
G	LOBAL RESOURCE SOLUTIONS, INC.		,		26-444			
Nu	umber, street, and room or suite no. (If a P.O. box, see instructions) 22 LEE STREET SOUTHWEST SUITE 116		Social	security	number (SSN) (9 digits XX	X-XX-XXX	X)
	ty or town, state, and ZIP code		Oociai	Socurry				
	. TO BERT IN THE STORE OF THE ST							
	UMWATER, WA 98501		Plan		Plan	year en		
	Plan name	ı	numbe	r	MM	DD	Y	YYY
-		0	0	3	09	30	2	014
G	LOBAL RESOURCE SOLUTIONS, INC. RETIREMENT PLAN							
art		8955-S	SA					
an c				.F00 a	orios roturn/re	aport for	the plan	liste
1	Check this box if you are requesting an extension of time on line 2 to file in Part 1, C above.	the first	Form	500 8	enes returnire	Sport for	ino pian	
	I request an extension of time until 07 / 15 / 2015 to file Fo	rm 5500	series	(see ir	structions).			
2	I request an extension of time until							
	Note. A signature is NOT required it you are requesting an extension to the							
•	I request an extension of time until	rm 8955	-SSA (see ins	structions).			
3	Note. A signature IS NOT required if you are requesting an extension to file							
	The application is automatically approved to the date shown on line 2 and the normal due date of Form 5500 series, and/or Form 8955-SSA for who the normal due date of Form 5500 series, and/or Form 8955-SSA for whom the strength of the third month of the strength of th	ICH LING	CALCITO	0	requested, a	nd (b) th	e date o	n lir
art	and/or line 3 (above) is not later than the 15th day of the third month after the	ne norma	I due d	date.				
	and/or line 3 (above) is not later than the 15th day of the third month after the	orm 5330).					
4	Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ to file Form 5330, after you may be approved for up to a 6 month extension to file Form 5330, after the file form 5330 (see instructions)	orm 5330).					
4 a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until/	orm 5330 r the norm	mal du	e date	of Form 533	0.		
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / to file Form 5330, after the Code section(s) imposing the tax	orm 5330 r the norm	mal du	e date	of Form 533	0.		
4 a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until/	orm 5330 r the norm	mal du	e date	of Form 533	0.		
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / to file Form 5330, after the Code section(s) imposing the tax	orm 5330 r the norm	mal du	e date	of Form 533	0.		
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / to file Form 5330, after the Code section(s) imposing the tax	orm 5330 r the norm	mal du	e date	of Form 533	0.		
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a b c	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / to file Form 5330, after the Code section(s) imposing the tax	orm 5330 r the norm	mal du	e date	of Form 533	0.		
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / to file Form 5330, after the Code section(s) imposing the tax	orm 5330 r the norm	mal du	e date	of Form 533	0.		
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