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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL, INC. (EIN) 26-4349880 Sponsor's telephone number 206-429-2756 616 SW 293RD ST FEDERAL WAY, WA 98023 Business code (see instructions) 611000 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 6 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

Filed with authorized/valid electronic signature 08/20/2015 KAREN VANDER ARK **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2				
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and conditi	ident qualified public accounta	int (IQ	(PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	X	Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	10641				0
	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	10641	158	_		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	617	735			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					61735
	Benefits paid (including direct rollovers and insurance premiums	04	11258	313			
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		80			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1125893
	Net income (loss) (subtract line 8h from line 8c)	8i					-1064158
j	Transfers to (from) the plan (see instructions)	8j					
9a b Part	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 1A 3D						
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	ection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
c	Was the plan covered by a fidelity bond?			10c	X		110000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	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 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) 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	ection	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 beir granting the waiver.	-			, and (enter th Day	

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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 N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		nder the	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)		e plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Actuarial Information

Single-Employer Defined Benefit Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

			rile as	an attachment to Form	3300 OF 3300-3F.			
For	calendar	plan year 2014 or fiscal plan	year beginning (01/01/2014	and end	ing 12/3	1/2014	
		ff amounts to nearest dollar						
_		A penalty of \$1,000 will be as	ssessed for late filing	of this report unless reaso	nable cause is establish	ed.	1	
EDI	Name of p UCATION NSION PL	IAL & PROFESSIONAL SER	VICES INTERNATION	NAL INC. DEFINED BENE	B Three-di-	git nber (PN)	•	002
		sor's name as shown on line IAL & PROFESSIONAL SER'			D Employer	Identificat 26-4349	ion Number (E 9880	IN)
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	n size: X 100 or fewer	101-50	00 More th	an 500
Pa	art I	Basic Information						
1	Enter th	ne valuation date:	Month	Day 31 Year 2	2014			
2	Assets:							
	a Marke	et value				2a		0
	b Actua	arial value				2b		0
3	Funding	g target/participant count brea	ıkdown		(1) Number of participants	,	ted Funding arget	(3) Total Funding Target
	a For re	etired participants and benefic	ciaries receiving paym	ent	0		0	0
	b For te	erminated vested participants			0		0	0
	c For a	ctive participants			0		0	0
	d Total				0		0	0
4	If the pl	an is in at-risk status, check the	he box and complete	lines (a) and (b)			*	
		ing target disregarding prescr			ш	4a		
	b Fund	ing target reflecting at-risk as- risk status for fewer than five	sumptions, but disreg	arding transition rule for p	lans that have been in	4b		
5	Effective	e interest rate				5		0.00%
6	Target i	normal cost				6		0
;	To the best of accordance combination,	y Enrolled Actuary of my knowledge, the information suppli with applicable law and regulations. In r , offer my best estimate of anticipated e	my opinion, each other assur					
	SIGN ERE						08/19/20	15
		Sign	nature of actuary				Date	
ROI	BERT M.	HANESS					14-0494	15
		Type or p	print name of actuary			Most re	ecent enrollme	nt number
HAI	NESS AN	D ASSOCIATES, LLC					916-435	-9830
	501/ 555		Firm name		Т	elephone	number (includ	ling area code)
	BOX 836 ROCKLIN	N, CA 95677						
		Ad	dress of the firm					
If the	actuary h	has not fully reflected any reg	ulation or ruling promu	ulgated under the statute	in completing this sched	ule, check	the box and so	ee

Page	2	-	,
------	---	---	---

Schedule SB (Form 5500) 2014

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding I	Balances								
								(a) (Carryover balance		(b) F	Prefundi	ng balan	ce
7		•			icable adjustments (line 13	•				0				0
8				-	funding requirement (line 3									
9	Amount	remaini	ng (line 7 minus li	ne 8)						0				0
10	Interest	on line 9	using prior year's	actual re	turn of19.78%					0				0
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Prese	nt value	of excess contrib	utions (line	e 38a from prior year)								2	234564
					8a over line 38b from prior ve interest rate of6.									0
	b(2) In	terest or	line 38b from pri	or year Scl	hedule SB, using prior yea	r's actual								0
					age to add to profunding bal									
			0 0		ear to add to prefunding bal								2	234564
	d Portion	on of (c)	to be added to pre	efunding ba	alance								2	234554
12	Other re	ductions	s in balances due	to election	s or deemed elections					0				0
13	Balance	at begir	nning of current ye	ar (line 9	+ line 10 + line 11d – line 1	12)				0			2	234554
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ittainment percent	age								14	100	.00 %
15	Adjusted	d funding	g target attainmen	t percenta	ge							15	100	.00 %
16					s of determining whether c							16	124	.19 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of t	the funding ta	ırget,	enter s	such percentage			17	(.00 %
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) and er	mployees:								
///	(a) Date M-DD-Y		(b) Amount p		(c) Amount paid by	(a) (MM-DI	Date		(b) Amount pa	-	(0	c) Amou	•	у
(101	ו -טט-וווו	111)	employer	(5)	employees	(IVIIVI-DI	J-11	11)	employer(s	·)		emplo	уссъ	
						Totals >	-	18(b)		0	18(c)			0
19	Discoun	ted emp	loyer contribution:	s – see ins	tructions for small plan wit	h a valuation	date	after th	ne beginning of the	year:	•	•		
	a Contr	ibutions	allocated toward	unpaid mir	nimum required contributio	ns from prior	year	S		19a				0
	b Contr	butions	made to avoid res	trictions a	djusted to valuation date					19b				0
	C Contri	butions a	allocated toward m	nimum req	uired contribution for curren	t year adjuste	d to v	/aluatior	n date	19c				0
20	Quarterl	y contrib	outions and liquidi	y shortfalls	s:									
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?								Yes	No
	b If line	20a is "	Yes," were require	ed quarterl	y installments for the curre	ent year made	e in a	timely	manner?				Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table	as applicabl	e:							
					Liquidity shortfall as of	end of quart	er of		· ·	,				
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	unt rate:									
	a Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, f	ull yield	curve	used	
	b App	licable month (enter code)			21b					0
22	Weigh	ited average ret	tirement age			22				6	52
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pres	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24		-		uarial assumptions for the current					Yes	X No	<u> </u>
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No)
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t		Yes	X No)
27		•	•	er applicable code and see instruc	tions regarding	27		<u> </u>			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contributions	s For Prior Years						
28	Unpai	d minimum requ	uired contributions for all prior	years		28					0
29				unpaid minimum required contribu		29					0
30	Rema	ining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30					0
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	a Targ	et normal cost	(line 6)			31a					0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b					0
32	Amort	ization installme	ents:		Outstanding Bala	ance		Installm	ent		
	a Net	shortfall amortiz	zation installment			0					0
	b Wai	ver amortization	n installment			0					0
33				ter the date of the ruling letter gran) and the waived amount		33					0
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34					0
				Carryover balance	Prefunding bala	nce	Т	otal bala	ance		
35			use to offset funding	0		0					0
36	Additio	onal cash requir	rement (line 34 minus line 35).			36					0
37				ontribution for current year adjusted		37					0
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)							
	a Tota	I (excess, if any	y, of line 37 over line 36)			38a					0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b					
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over l	ine 37)	39					0
40	Unpai	d minimum requ	uired contributions for all years	3		40					0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sche	edule elected					2 plus 7 ye	ars	15 y	ears/	
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009	2010	$\overline{\square}$	2011	_
42	Amour	nt of acceleratio	n adjustment			42	—				_
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43					

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Educational & Professional Services International, Inc. 26-4349880 / 002

For the plan year 01/01/2014 through 12/01/2014

Valuation Date:

12/01/2014

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.20
Segment 2	6 - 20	4.10
Segment 3	> 20	5.20

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.99
Segment 2	6 - 20	6.32
Segment 3	> 20	6.99

Pre-Retirement - Mortality Table -

None

Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement -Mortality Table - 14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

8.5%

Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Post-Retirement - Interest -

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Educational & Professional Services International, Inc. 26-4349880 / 002

For the plan year 01/01/2014 through 12/01/2014

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

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 filled 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 Rep	ort Identification Information	1			
For calendar plan year 2014	or fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
A This return/report is for:	a single-employer plan a one-participant plan) (Filers checking this boardance with the form lost	
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	=	rn/report (less than 12 r	months)	
C Check box if filing under:	🛛 Form 5558	automatic extension		DFVC progra	m
	special extension (enter desc	cription)			
Part II Basic Plan I	nformation—enter all requested le	nformalion			
1a Name of plan	FESSIONAL SERVICES INT		DEFINED	1b Three-digit plan number (PN)	002
				1c Effective date of 01/01/2011	
	d address; include room or suite num FESSIONAL SERVICES INT			2b Employer Identif (EIN) 26-434	
616 SW 293RD ST				2c Sponsor's telept 206-429-27	
FEDERAL WAY	WA 98023			2d Business code (see instructions)
	e and address XSame as Plan Spor	nsor		3b Administrator's E	EIN
				3c Administrator's t	elephone number
	of the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	3c Administrator's t	elephone number
	of the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the		elephone number
name, EIN, and the plan a Sponsor's name				4b EIN 4c PN	elephone number
name, EIN, and the plar a Sponsor's name 5a Total number of participate b Total number of participate	number from the last return/report. ants at the beginning of the plan year ants at the end of the plan year			4b EIN 4c PN 5a	
name, EIN, and the plar a Sponsor's name 5a Total number of participa b Total number of participants we complete this item)	ants at the beginning of the plan year ants at the end of the plan year	of the plan year (defined ben	nefit plans do not	4b EIN 4c PN 5a 5b	6
name, EIN, and the plar a Sponsor's name 5a Total number of participa b Total number of participants we complete this item)	ants at the beginning of the plan year ants at the end of the plan year	of the plan year (defined ben	nefit plans do not	4b EIN 4c PN 5a 5b	6
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants we complete this item) d(1) Total number of active d(2) Total number of active	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the plan year approximation of the end of the plan year approximation of the plan year ticlipants at the end of the plan year.	of the plan year (defined ben plan year	nefit plans do not	4b EIN 4c PN 5a 5b 5c	6
name, EIN, and the plan a Sponsor's name 5a Total number of participate b Total number of participants we complete this item)	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the plan year ants at the end of the plan year	of the plan year (defined ben plan year eareplan year with accrued ber	nefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	6 0 5
name, EIN, and the plan a Sponsor's name 5a Total number of participate b Total number of participate c Number of participants were complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the I	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the end of the participants at the end of the plan year terminated employment during the atterninated employment during the dother penalties set forth in the instructed and signed by an enrolled actuary.	of the plan year (defined ben plan year ear	nefit plans do not nefits that were d unless reasonable co	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established.	5 0 0 able, a Schedule
name, EIN, and the plan a Sponsor's name 5a Total number of participate b Total number of participate c Number of participants were complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the I Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and	ants at the beginning of the plan year ants at the end of the plan year	of the plan year (defined ben plan year eare plan year with accrued ber urn/report will be assessed uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable co	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if applic ort, and to the best of my	5 0 0 able, a Schedule
name, EIN, and the plana Sponsor's name 5a Total number of participate b Total number of participate c Number of participants were complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the I Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and estimated to the sign of	ants at the beginning of the plan year ants at the end of the plan year	of the plan year (defined ben plan year ear	nefit plans do not nefits that were d unless reasonable concession of this return/resion of this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if applic ort, and to the best of my	6 0 5 0 0 able, a Schedule knowledge and
name, EIN, and the plan a Sponsor's name 5a Total number of participate b Total number of participate c Number of participants were complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the I Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and of SIGN HERE Signature of pl	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the eparticipants at the beginning of the eparticipants at the end of the plan year terminated employment during the date or incomplete filling of this returned of the penalties set forth in the instruction of the penalties are forth in the i	of the plan year (defined ben plan year	nefit plans do not nefits that were d unless reasonable concerning this return/reposition of this return/reposition of this return/reposition of the return of th	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if applic ort, and to the best of my ARK	5 0 able, a Schedule knowledge and
name, EIN, and the plana Sponsor's name 5a Total number of participate to Total number of participate to C Number of participates a complete this item)	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the participants at the beginning of the e participants at the end of the plan year terminated employment during the atterminated employment during the dother penalties set forth in the instruction of the plan year and signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary complete filling of this return the signed by an enrolled actuary the signed by the signed	of the plan year (defined ben plan year	nefit plans do not nefits that were d unless reasonable can be examined this return/report ersion of this return/report KAREN VANDER Enter name of indiv	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. report, including, if applic ort, and to the best of my	6 0 5 0 able, a Schedule knowledge and

Form 5500-SF 2014		Page 2		_				
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in 	an Independ and condition ot use Forn	ent qualified public accounta ns.) n 5500-SF and must Instead	nt (IQ d use	PA) Form	6600.		X Yes X Yes ot determine	
Part III Financial Information								
7 Plan Assets and Liabilities	(a)	(a) Beginning of Yea	r			b) End of	Year	
a Total plan assets	7a	106	415	8				0
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c	106	415	8				0
8 Income, Expenses, and Transfers for this Plan Year	77	(a) Amount				(b) Tota	ıl	
Contributions received or receivable from: (1) Employers	. 8a(1)			0				
(2) Participants	8a(2)			0		N E		
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		5173	5		1 × 1 5		
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						61	735
Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	. 8d	112	2581	_				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		8	0	- 2			
g Other expenses	8g		_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		manda statur	-				1125	_
Net income (loss) (subtract line 8h from line 8c)							-1064	158
Transfers to (from) the plan (see Instructions)	8j				i film			
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	GALLI & COUES	THOM THE LIST OF FRANCISCH AND	, const		es in the	mattuotion	s.	_
10 During the plan year:				Yes	No	Δ	mount	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fid.)			10a		х		Hount	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not in	clude transactions reported	10b		х			
C Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	х			110	000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		_	
Were any fees or commissions paid to any brokers, agents, or ot Insurance service, or other organization that provides some or all instructions.)	her persons of the benef	by an insurance carrier, ilts under the plan? (See	10e		х			
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х			
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)					,		X Yes	No
11a Enter the unpaid minimum required contribution for current year	from Schedu	le SB (Form 5500) line 39			11a	101	0	
12 Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			or se	ection	302 of ER	ISA?	Yes K	No
a If a waiver of the minimum funding standard for a prior year is be			ctions	and e	inter the o	tate of the	letter ruling	

Day

Year

	Form 5500-SF 2014	Page 3 -						
If :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	6500), and s	kip to line 1	3.				
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 (enegative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the funding of	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?	••••••			XY	es N	0	
	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 beneficiarles, transferred of the PBGC?						X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another pla	an(s), identif	y the plan(s)	to			
19	3c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
	Name of trust				14b Tr	ust's EIN		
- •								

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

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 www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	tl Identification							
	Name of filer, plan administrator, or plan sponsor (see instructions)	В				-	(see instruction	•
171	EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL, INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 616 SW 293RD ST	_				26-4	ber (EIN) (9 digl 349880 V) (9 digits XXX-	
	City or town, state, and ZIP code	1	50	Ular.	a o cui it;	, Hamber (od)	t) (o digita ////	///-//////
	FEDERAL WAY, WA 98023							
	Plan name			an			an year endi	
- 2			nun	nbe		ММ	DD	YYYY
	EDUCATIONAL & PROFESSIONAL SERVICES INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN	0	1	0	2	12	31	2014
Par	Extension of Time To File Form 5500 Series, and/or Form 89	55 - 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	For	m 5	500 s	eries return	/report for th	e plan listed
2	I request an extension of time until 10 / 15 /2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form				•	structions)		
3	I request an extension of time until10 _/ 15 _/2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file For			•		tructions).		
art	The application is automatically approved 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 next tension of Time To File Form 5330 (see Instructions)	this e	exte	nsid	on is i			
4	I request an extension of time until/			due	date	of Form 53	30.	
а	Enter the Code section(s) imposing the tax	•		а	¥			
-								
b	Enter the payment amount attached				. ,	>	b	
	Enter the payment amount attached	⁄amen	ıdm	ent	date		С	
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	/amen	Idm	ent	date	•		
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	/amen	Idm	ent	date	•		
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	/amen	dm	ent	date	>		***************************************
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	'amen	adm	ent	date			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	'amen	adm	ent	date			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	'amen	idm	ent	date			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	'amen	adm	ent	date			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	'amen	adm	ent	date			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	/amen	idm	ent	date			
b c 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/						С	I am authorize

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Socurity Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the OMB No. 1210-0110

2014

This Form Is Open to Public Internal Revenue Code (the Code).

Pension Benefit Guaranty Corporation Inspection File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/01/2014 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. Educational & Professional Services International, Inc. plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) Educational & Professional Services Internationa 26-4349880 E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Day 2014 Year, Assets: 2a 0 b Actuarial value 0 Funding target/participant count breakdown: (2) Vested Funding (3) Total Funding participants Target Target a For retired participants and beneficiaries receiving payment 0 0 0 b For terminated vested participants 0 0 0 0 C For active participants 0 0 0 0 If the plan is in at-risk status, check the box and complete lines (a) and (b) a Funding target disregarding prescribed at-risk assumptions 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b 5 0.00 % Target normal cost Statement by Enrolled Actuary supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accounts. Each prescribed assumption was applied in as. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable coxpectations) and such other assumptions, in To the best of my knowledge, the information accordance with applicable law and requally combination, offer my best estimate of an nulq et SIGN HERE 08/19/2015 Signature of actuary Date Robert M. 14-04945 Type or print name of actuary Most recent enrollment number Haness & Associates, LLC (916) 435-9830 Firm name Telephone number (Including area code) P.O. Box 836 US Rocklin CA 95677 Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

_	_	1	- 1
2000	1	1	- 1

Calcaduda	CD	15	FERRI	201	
Schedule	SB	(Form	22001	2014	ì

Pa	rt II Beg	inning of Year	Carryov	er and Prefunding Bal	ances						
						(a) C:	arryover balance		(b) l	refundi	ng balance
7				licable adjustments (line 13 fr				0			0
8	Control Decision Control States		•	funding requirement (line 35 t				0			
9	Amount rema	aining (line 7 minus	ine 8)					0			0
10			Account to the second	eturn of				0			C
11				ed to prefunding balance:						May 1	
	a Present va	alue of excess contr	ibutlons (lii	ne 38a from prior year)				100			234,564
	b(1) Interes	t on the excess, if a	ny, of line (38a over line 38b from prior ye	ear						
	Schedu	ıle SB, using prior y	ear's effec	tive interest rate of 6.1	7 %	Team and the		H. I.			C
	b(2) Interes	t on line 38b from p	ior vear S	chedule SB, using prior year's	actual			1			
	, ,		-			THE SHIP		3000			C
	C Total avail	lable at beginning of	current of	an year to add to prefunding t	palance .	明明中华		URAN P			234,564
	- 1052- 115-1	DOM:		balance				160			234,554
12				ns or deemed elections				0			
13				+ line 10 + line 11d - line 12)	desirate and a second second			0			234,554
Pa	CONTRACTOR AND	unding Percent		22.00							
14				******************						14	100.00 %
				age						15	100.00 %
16				s of determining whether carr							100.00 %
		s funding requiremen	nt		.,					16	124.19 %
17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding t	arget, enter s	such percentage	*****		17	0.00 %
Pa	rt IV C	ontributions ar	d Liquid	dity Shortfalls							
18	Contributions	made to the plan fo	r the plan	year by employer(s) and emp	loyees:						
775.4	(a) Date	(b) Amount p		(c) Amount pald by) Date	(b) Amount p				unt pald by
Civi	M-DD-YYYY)	employer	(8)	employees	(IVIIVI-L	D-YYYY)	employer	(S)		emp	oyees
					1				_		
_			_		-				_		
_					-						
					-				_	_	
					-				-		
_					-				_		
_					 						
OUT HER	with the state of	With the State of A Section	STEEL STEEL STATE	THE RESIDENCE OF THE	Totale	► 18(b)			19/0		
40		ASSESS OF THE PARTY OF THE PART	dingstrie	and the support of the second				THE PERSON	0 18(c	1	0
19				structions for small plan with				r			
			•	inimum required contributions		•	-	19a			
				adjusted to valuation date				19b			
				required contribution for curre	ent year ac	ijusted to val	luation date	19c	EGW SILV	H. S. Line	
20	•	ntributions and liquid	-					U	WELSTIN	TO SHEET	THE STATE OF
	•			r the prior year?							Yes X No
				rly installments for the current			manner?		******		Yes No
	C If line 20a	ls "Yes," see instruc	tions and	complete the following table a	NI LESS CONTRACTOR				TO THE	The State of	antalus di
_	/41	1st		Liquidity shortfall as of en (2) 2nd	of quarte		year 3rd			(4) 4t	h
-	(1)	191		fel sun		(0)	U. U			41	

Pa	rt V Assumption	ons Used To Determine	Funding Target and Targe	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age	ene ik komon energenene e renkje. Ku		22	62
23	Mortality table(s) (se	e instructions) X Pr	escribed - combined Pres	cribed - separate	Substitut	te
Pai	rt VI Miscellane	eous items				
24			tuarial assumptions for the current			
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment	· · · · · · · · Yes X No
			Participants? If "Yes," see instruc			
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see Instru	ctions regarding	27	
Pai	THE RESERVE TO SERVE THE PARTY OF THE PARTY		um Required Contributions			
28		The second of th	years		28	0
29			d unpald minimum required contrib		29	
20		STORY - TO STAN STAN STAN STAN STAN STAN STAN STAN				0
30	L. P. Connection		intributions (line 28 minus line 29)		30	
_		Required Contribution	W. Law			
_31		and excess assets (see instruc	***************************************			
					31a	0
	•	19 P. C.	line 31a		31b	0
	Amortization installn			Outstanding Bala		Installment
					0	0
			*****		0	0
33			nter the date of the ruling letter gra) and the walved amount.		33	0
34	Total funding require	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	nce	Total balance
35	Balances elected for	r use to offset funding				
			0		0	
36	Additional cash requ	irement (line 34 minus line 35)		36	0
37			contribution for current year adjuste		37	0
38	Present value of exc	cess contributions for current y	ear (see instructions)		(
	a Total (excess, If a	ny, of line 37 over line 36)			38a	0
	b Portion included in	n line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b	0
_39	Unpaid minimum red	quired contribution for current	year (excess, if any, of line 36 over	line 37)	39	
40			8,.,.,.,.,		40	
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)		
41	If an election was ma	ide to use PRA 2010 funding r	elief for this plan:			
	a Schedule elected					2 plus 7 years 🔲 15 years
	b Eligible plan year(s) for which the election in line	41a was made		. 200	09 2010 2011 2012
42	Amount of acceleration	on adjustment		e estas eses eses e e	42	
43	Excess Installment a	cceleration amount to be carrie	ed over to future plan years		43	

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Educational & Professional Services International, Inc. 26-4349880 / 002
For the plan year 01/01/2014 through 12/01/2014

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V **Summary of Plan Provisions**

Educational & Professional Services International, Inc. 26-4349880 / 002

For the plan year 01/01/2014 through 12/01/2014

Educational & Professional Services Internationa Employer:

Type of Entity - S-Corporation

EIN: 26-4349880

Plan #: 002

Plan Type: Defined Benefit

Dates:

Effective - 01/01/2011 Year end - 12/01/2014

Valuation - 12/01/2014

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation Early - Not provided

Average Compensation:

Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

TIN:

Plan Benefits:

Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 07/01/2014

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:

None

IRS Limitations:

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Percent 0% 0-1 20% 2 40% 3 4 60% 5 80% 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Educational & Professional Services International, Inc. 26-4349880 / 002

For the plan year 01/01/2014 through 12/01/2014

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.24
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5% None

Mortality Table -

Post-Retirement - Interest -

5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)