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).

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		rt identification informatioi	1			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in acco		
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram
		special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested in	nformation			
1a Name BESTTECH	e of plan HSNW, INC. 401(K) F	PLAN			1b Three-digit plan number (PN) ▶	001
					1c Effective date	e of plan /01/2005
2a Plan s		address; include room or suite num	per (employer, if for a single	e-employer plan)		entification Number -0419221
4004 NE 4T	TH ST., 107-424				2c Sponsor's te	lephone number -353-9422
	VA 98056-4102					de (see instructions) 1513
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrator	r's EIN
4 If the	name and/or EIN of	the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name		number from the last return/report.			4c PN	
5a Total	number of participan	ts at the beginning of the plan year			. 5a	6
b Total	number of participan	its at the end of the plan year			. 5b	4
		h account balances as of the end o	f the plan year (defined ber		5c	4
d(1) To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	2
d(2) To	otal number of active	participants at the end of the plan ye	ear		5d(2)	
		terminated employment during the	. ,		5e	(
Caution: A Under per SB or Sch	A penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be assessed	d unless reasonable ca	port, including, if app	
SIGN	Filed with authorize	d/valid electronic signature.	09/22/2015	JALENE MARLER		
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan add		administrator
SIGN HERE						
		loyer/plan sponsor			dual signing as emplo	
⊬reparer's	s name (including firm	n name, if applicable) and address (include room of suite numb	er) (optional)	Preparer's telepho	ne number (optional)

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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 continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye		No No	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermine	d	
Par	t III Financial Information	1	Г		-						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		2000		
	Total plan assets	7a	4014	102 391	-			263	8092		
	Total plan liabilities	7b						262	8092		
	Net plan assets (subtract line 7b from line 7a)	7c		400511			(L) T		0032		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	164	138							
	(2) Participants	8a(2)	84	100							
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b	141	148							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						38	3986		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1749	922							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	14	183							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						176	3405		
i	Net income (loss) (subtract line 8h from line 8c)	8i	8i				-137419				
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
b		eature cod	les from the List of Plan Charad	cterist			he instruction	ons:			
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.	iciary Cor	rection Program)	10a		Χ					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ					
c	Was the plan covered by a fidelity bond?			10c	X				500)00	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
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 ben	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 as	s of year e	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 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s	No	
11a	Enter the unpaid minimum required contribution for current year fr					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?	Ye	s 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 e	enter th Day		e letter i Year	ruling	_	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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						
		Identification Information	01/01/2014	and ending	12/31/2	2014
For calenda	ar plan year 2014 or II	scal plan year beginning	_	and ending		
A This ret	urn/report is for:	a single-employer plan a one-participant plan		ian (not multiemployer) yer information in acco		is box must attach a list n instructions)
B This retu	rn/report is	the first return/report	the final return/report			
	·	an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check t	pox if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descri	(ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation		37.70	
1a Name	of plan				1b Three-digit	
BestTec	hsNW, Inc. 40	01(K) Plan			plan numbe (PN)	2 001
					1c Effective da 01/01/2	
	oonsor's name and ad CHSNW, INC.	dress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Ic (EIN) 83-	tentification Number 0419221
4004 NE	E 4TH ST., 10°	7-424			2c Sponsor's t	elephone number
4004 IAE	3 41A 31., 10	7-424			206-353	-9422 ode (see instructions)
RENTON		WA 98056-410	2		541513	me (see instructions)
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
4 If the n	name and/or FIN of th					
nama	lattle attuvot Ella of the	e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN	
a Sponse	EIN, and the plan nur	e plan sponsor has changed since t mber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN 4c PN	
a Sponso	EIN, and the plan num or's name			,	4c PN	6
a Sponso	EIN, and the plan nur or's name number of participants	mber from the last return/report.			4c PN 5a	6
a Sponso 5a Total r b Total r c Number	EIN, and the plan number's name number of participants number of participants er of participants with	mber from the last return/report.	he plan year (defined ben	efit plans do not	4c PN 5a	
a Sponso 5a Total r b Total r c Number completed(1) Total	EIN, and the plan numer's name number of participants number of participants with the this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t	he plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	4
a Sponsor 5a Total r b Total r c Number completed(1) Total d(2) Total	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances at the beginning of the plan year.	he plan year (defined ben an year	efit plans do not	4c PN 5a 5b 5c	4
a Sponsor 5a Total r b Total r c Number completed (1) Total d (2) Total e Number	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t	he plan year (defined ben an year ir	efit plans do not	4c PN 5a 5b 5c 5d(1)	4 4 2
a Sponsor 5a Total r b Total r c Numbbe comple d(1) Total d(2) Total e Numbe less that Caution: A Under pena SB or Sche	EIN, and the plan numer's name number of participants number of participants with the this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year at the beginning of the plan year ticipants at the end of the plan year eminated employment during the perminated employment for this return the penalties set forth in the instructed signed by an enrolled actuary, as	he plan year (defined ben an year	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if ap	4 2 2 0 1. pplicable, a Schedule
a Sponsor 5a Total r b Total r c Numbbe comple d(1) Total d(2) Total e Numbe less that Caution: A Under pena SB or Sche	EIN, and the plan numer's name number of participants number of participants with ote this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year at the beginning of the plan year ticipants at the end of the plan year eminated employment during the perminated employment for this return the penalties set forth in the instructed signed by an enrolled actuary, as	he plan year (defined ben an year	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of	4 2 2 0 1. pplicable, a Schedule
a Sponsor 5a Total r b Total r C Numbe comple d(1) Total d(2) Total e Numbe less that Caution: A Under pena SB or Schebellef, it is t	EIN, and the plan numer's name number of participants are of participants with ele this item) an number of active part of participants that tean 100% vested penalty for the late of the late of perjury and of dule MB completed are correct, and compare of the late of the	at the beginning of the plan year	he plan year (defined ben- an year	efits that were unless reasonable ca examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if and to the best of	4 4 2 2 0 I. pplicable, a Schedule f my knowledge and
a Sponso 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellef, it is t	EIN, and the plan numer's name number of participants are of participants with ele this item)	at the beginning of the plan year	he plan year (defined ben- an year	efit plans do not efits that were unless reasonable ca examined this return/re sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if and to the best of	4 4 2 2 0 I. pplicable, a Schedule f my knowledge and
a Sponsor 5a Total r b Total r C Numbe comple d(1) Total d(2) Total e Numbe less that Caution: A Under penas B or Schebellef, it is t SIGN HERE SIGN HERE	EIN, and the plan numer's name number of participants number of participants with ste this item)	at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year ricipants at the beginning of the plan year ricipants at the end of the plan year eminated employment during the perminated employment during the por incomplete filling of this return ther penalties set forth in the instructed signed by an enrolled actuary, and signed by an enrolled actuary, and the plan sponsor	he plan year (defined ben- an year	efit plans do not efits that were unless reasonable ca examined this return/re sion of this return/report JALENE MARLEF Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if and to the best of the dual signing as plane.	4 4 2 2 0 I. pplicable, a Schedule f my knowledge and
a Sponsor 5a Total r b Total r C Numbe comple d(1) Total d(2) Total e Numbe less that Caution: A Under penas B or Schebellef, it is t SIGN HERE SIGN HERE	EIN, and the plan numer's name number of participants number of participants with ste this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year eminated employment during the permitted employment during the permitted employment during the permitted employment in the instruction of signed by an enrolled actuary, acolete.	he plan year (defined ben- an year	efit plans do not efits that were unless reasonable ca examined this return/re sion of this return/report JALENE MARLEF Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of the dual signing as planed as igning as empty dual signing a	4 4 2 2 0 I. pplicable, a Schedule f my knowledge and administrator

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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 under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an Indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ d use	PA)	5600.			X Ye	s	No No
	If the plan is a defined benefit plan, is it covered under the PBGC ir	surance p	rogram (see ERISA section 40)21)?	L	Yes	∐No	<u> </u>	ot det	ermin	ed
Ra	till Financial Information					- Christian					
7	Plan Assets and Liabilitles	See of	(a) Beginning of Yea	ar			(b) Er	d of	Year		
_	Total plan assets	7a	40		2	2			263	3092	
_ <u>b</u>	Total plan liabilities	7b			1						
	Net plan assets (subtract line 7b from line 7a)	7c	4	0051	.1					263	3092
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Tota	al	_	
	Contributions received or receivable from: (1) Employers	8a(1)		1643	8	1.4		4.			
	(2) Participants	8a(2)		840	0			2 - C48	THE.	1.	
	(3) Others (including rollovers)	8a(3)			0			-	e Pari	4	
_	Other income (loss)	8b		1414	8	-196	MJ.		in all		T T
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		dilities,	30					38	3986
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7492	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		問題			2. 1.	
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f		148	3	7: x					
	Other expenses	- M-									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	wateriet Mit.		i		17			176	5405
	Net income (loss) (subtract line 8h from line 8c)	8i							-		7419
_	Transfers to (from) the plan (see instructions)						planes :	ini Li		i in	1
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable										
Pari								20	_	_	
10	During the plan year:	at	Al- 11- 11- 11- 11- 11- 11- 11- 11- 11- 1	_	Yes	No		A	noun		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidulations)	clary Con	ection Program)	10a		х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	х					50	0000
d	or dishonesty?			10d		х					
е	Were any fees or commissions pald to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х			77.55	-	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		X SEE SEE SEE SEE				. Ho	
-1	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	notice or one of the	101			3000 2000 2000 2000 2000 2000 2000 2000	to . 		ri.	
Part	Pension Funding Compliance									200	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form		Ye	s \sqcap	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	is this a defined contribution plan subject to the minimum funding						ERISA?		Ye	s X	No
	77 17 18 18 18 18 18 18 18 18 18 18 18 18 18			_							$\overline{}$

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

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b	<u> </u>		
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
	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			
e t	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II 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	. 13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes	⊠ No
C	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.)				
13	c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	PN(s)
Part \	/III Trust Information (optional)				
14a N	ame of trust	14b T	rust's EIN		