#### 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	➤ Complete all entries in acc	ordance with the instruc	tions to the Form 550	0-SF.		spection
Part I	Annual Report I	dentification Information					
For caler	dar plan year 2013 or fis		013	and ending 0	9/30/2	2014	
A This	eturn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
<b>B</b> This	eturn/report is:	the first return/report	the final return/report				
		x an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	)	
<b>C</b> Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	otion)				
Part II	Basic Plan Infor	rmation—enter all requested infor	rmation				
1a Nam					1b	Three-digit	
	•	S, INC. PROFIT SHARING PLAN				plan number	
						(PN) <b>•</b>	002
					1c	Effective date of	f plan
						10/01	/2008
	sponsor's name and add RESOURCE SOLUTIONS	dress; include room or suite number S, INC.	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 26-44	fication Number 44801
222 I FF S	TREET SOUTHWEST S	SUITE 116			2c	Sponsor's telep 360-91	
	ER, WA 98501				2d	Business code 5419	(see instructions)
<b>3a</b> Plan	administrator's name and	d address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
		plan sponsor has changed since the nber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b	EIN	
	isor's name	iber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		43
_		at the end of the plan year			5b		0
	•	account balances as of the end of th			30		<u> </u>
com	plete this item)				5c		0
	•	during the plan year invested in elig	•	•			X Yes No
		the annual examination and report of (See instructions on waiver eligibility)					X Yes No
		ther line 6a or line 6b, the plan ca					
•		t plan, is it covered under the PBGC					Not determined
	plan le a dellitea bettem		- modranos program (coc		Ц		
		or incomplete filing of this return/					
SB or Sc		ner penalties set forth in the instruction and signed by an enrolled actuary, as alete					
,	· · · · ·			T			
SIGN HERE	Filed with authorized/v	valid electronic signature.					
HEKE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	gning as plan adı	ministrator
SIGN							
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer	s name (including firm na	ame, if applicable) and address; incl	lude room or suite number	r (optional)	Prep	arer's telephone	number (optional)
				-			

Form 5500-SF 2013 Page **2** 

	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	oar		
	Total plan assets	7a	(a) beginning of Tea				(b) End	01 1	cai (	)	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	34665	6	+				C	)	
	Income, Expenses, and Transfers for this Plan Year	70					/b) T	otal			
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0		
	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									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	)	
	Net income (loss) (subtract line 8h from line 8c)	8i							(	)	
j	Transfers to (from) the plan (see instructions)	8j	-34665	6							
Pai	rt IV Plan Characteristics	ره ا									
9a		feature co	des from the List of Plan Char	acteri	stic Co	des in	the instruc	tions	s:		
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 instructi	ons:			
_											
Par	•						ı				
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50	000
d	, , , , , , , , , , , , , , , , , , , ,	fidality bay									
	or dishonesty?	-		10d		X					
е	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			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	ner persons	s by an insurance carrier, efits under the plan? (See			X					
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10d 10e		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See			X				_	
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		Х					
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	ner person of the ben n? s of year e	s by an insurance carrier, efits under the plan? (See end.)	10e 10f		X					
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	ner persons of the ben n?s of year e	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g		X X					
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ner persons of the ben n?s of year e (See instrume required	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h		X X					
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	ner persons of the ben n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i		X X X X dule SE			Yes		No
f g h i	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ner persons of the ben n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i	<u>.</u>	X X X			Yes		No
f g h i Part 11	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the service of the serv	ner persons of the ben n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i		X X X Adule SE			1		
f g h i	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the st	ner persons of the ben  n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i		X X X Adule SE			Yes		No
f g h i Part 11 11a 11a 12	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	ner persons of the ben  n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i	ection	X X X Adule SE	ERISA?	he le	Yes	X	
f g h i Part 11 11a 11a 12	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the strength of the minimum funding requirem strength of the st	ner persons of the ben  n?	s by an insurance carrier, efits under the plan? (See end.)	10e 10f 10g 10h 10i nplete	ection	X X X Adule SE	ERISA?	he le Yea	Yes	X	
f g h i Part 11 11a 12 a	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 et VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is beir	ner persons of the ben  n?	s by an insurance carrier, efits under the plan? (See efits under the plan?	10e 10f 10g 10h 10i nplete	ection	X X X Adule SE 11a 302 of	ERISA?		Yes	X	

Page	3 -	. 1	
raye	J		

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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
GLOB	AL RESOURCE SOLUTIONS, INC 401(K) PLAN  26-44	44801		001
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration ension 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

ension Benefit Guaranty Corporation	a I I - II I In cocordon	co with the instruction	ons to the Form 5500-	SF.	
	Complete all entries in accordance	Ce with the mondon			
art I Annual Repor or calendar plan year 2013 or	t Identification Information	1/2013	and ending	0	9/30/2014
	listal plan your 20gilling	multiple-employer plan	(not multiemployer)	F	a one-participant plan
This return/report is for:		e final return/report	•		
This return/report is:			eport (less than 12 mor	nths)	
			eport (1600 than 12 me	Γ	DFVC program
Check box if filing under:	X Form 5558	tomatic extension		L	] Bi ve pregram
	special extension (enter description)				
Part II Basic Plan Inf	formation—enter all requested information	on		4h :	There digit
a Name of plan					Three-digit plan number
Global Resource So	lutions, Inc. PROFIT SHARI	NG PLAN			(PN) • 002
					Effective date of plan
					.0/01/2008
a Plan enoneor's name and	address; include room or suite number (emp	oloyer, if for a single-en	mployer plan)	2b	Employer Identification Number
GLOBAL RESOURCE SO	LUTIONS, INC.				(EIN) 26-4444801
					Sponsor's telephone number
222 LEE STREET SOU	THWEST SUITE 116				360-915-8122
					Business code (see instructions) 541990
TUMWATER	WA 98501		0		Administrator's EIN
a Plan administrator's name	and address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	30	Administrator o E.i.
				3c	Administrator's telephone number
				41.	=
If the name and/or EIN of	the plan sponsor has changed since the las	st return/report filed for	this plan, enter the	4b	EIN
name, EIN, and the plan	number from the last return/report.			4c	PN
a Sponsor's name	nts at the beginning of the plan year			5a	
5a Total number of participa	nts at the beginning of the plan year			5b	
<b>b</b> Total number of participa	ints at the end of the plan year	uses (defined benef	fit plans do not		
C Number of participants w	ith account balances as of the end of the pla	an year (defined benef		5c	
complete this item)	sets during the plan year invested in eligible	assets? (See instruct	ions.)		X Yes [] !
ha Were all of the blan's as	sets during the plan year invested in sugar-				
	the energy examination and report of ar	independent dualille	u public accountant (19	,	1
<b>b</b> Are you claiming a waive	er of the annual examination and report of ar	n independent qualifier nd conditions.)			∑ Yes U
b Are you claiming a waive under 29 CFR 2520.104	er of the annual examination and report of are -46? (See instructions on waiver eligibility are o either line 6a or line 6b, the plan canno	nd conditions.)t use Form 5500-SF	and must instead use	Form	X Yes [ ] 1 5500.
<ul> <li>Are you claiming a waive under 29 CFR 2520.104.</li> <li>If you answered "No" t</li> <li>If the plan is a defined be</li> </ul>	er of the annual examination and report of are -46? (See instructions on waiver eligibility are o either line 6a or line 6b, the plan canno denefit plan, is it covered under the PBGC ins	n Independent qualifier nd conditions.) t use Form 5500-SF a urance program (see	and must instead use ERISA section 4021)?	Form	5500.  Yes No Not determined
b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t  C If the plan is a defined be	er of the annual examination and report of an 46? (See instructions on waiver eligibility and either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC ins	t use Form 5500-SF aurance program (see	and must instead use ERISA section 4021)?	Form	5500.  Yes No Not determined established.
<ul> <li>Are you claiming a waive under 29 CFR 2520.104.</li> <li>If you answered "No" t</li> <li>If the plan is a defined be</li> <li>Caution: A penalty for the lateral end of the latera</li></ul>	er of the annual examination and report of an -46? (See instructions on waiver eligibility and to either line 6a or line 6b, the plan cannow enefit plan, is it covered under the PBGC instance.	t use Form 5500-SF aurance program (see	and must instead use ERISA section 4021)? unless reasonable cal	Form	5500.  Yes No Not determined established.
b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t C If the plan is a defined be Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete	er of the annual examination and report of are -46? (See instructions on waiver eligibility are o either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC instance or incomplete filing of this return/report of other penalties set forth in the instructions, and and signed by an enrolled actuary, as well	t use Form 5500-SF aurance program (see	and must instead use ERISA section 4021)? unless reasonable cal	Form	5500.  Yes No Not determined established.
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b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t C If the plan is a defined be Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and SIGN HERE Signature of plan	er of the annual examination and report of are -46? (See instructions on waiver eligibility are o either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC instance or incomplete filing of this return/report of other penalties set forth in the instructions, and and signed by an enrolled actuary, as well	t use Form 5500-SF aurance program (see ort will be assessed to a the electronic version of the	and must instead use ERISA section 4021)?  unless reasonable care examined this return/report of this return/report CHARLES B GRA	Form use is port, in t, and	X Yes
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b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t C If the plan is a defined be Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and of SIGN HERE Signature of pla Signature of pla	er of the annual examination and report of ar- 46? (See instructions on waiver eligibility ar o either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC ins- ate or incomplete filing of this return/report d other penalties set forth in the instructions, and and signed by an enrolled actuary, as well complete.	t use Form 5500-SF aurance program (see ort will be assessed to 1 declare that I have a 1 as the electronic version of the orthogonal Date	and must instead use ERISA section 4021)?  unless reasonable car examined this return/re sion of this return/repor  CHARLES B GRA  Enter name of individ	Form use is port, ir t, and	X Yes
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b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t C If the plan is a defined be Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and of SIGN HERE Signature of pla Signature of pla	er of the annual examination and report of ar- 46? (See instructions on waiver eligibility ar o either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC ins- ate or incomplete filing of this return/report d other penalties set forth in the instructions, and and signed by an enrolled actuary, as well complete.	t use Form 5500-SF aurance program (see ort will be assessed to 1 declare that I have a 1 as the electronic version of the orthogonal Date	and must instead use ERISA section 4021)?  unless reasonable car examined this return/re sion of this return/repor  CHARLES B GRA  Enter name of individ	Form use is port, ir t, and	X Yes Yes Yes Yes Yes Yes Yes No Not determined to the best of my knowledge and gning as plan administrator
b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" t C If the plan is a defined be Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and of SIGN HERE Signature of pla Signature of pla	er of the annual examination and report of ar- 46? (See instructions on waiver eligibility ar o either line 6a or line 6b, the plan cannot enefit plan, is it covered under the PBGC ins- ate or incomplete filing of this return/report d other penalties set forth in the instructions, and and signed by an enrolled actuary, as well complete.	t use Form 5500-SF aurance program (see ort will be assessed to 1 declare that I have a 1 as the electronic version of the orthogonal Date	and must instead use ERISA section 4021)?  unless reasonable car examined this return/re sion of this return/repor  CHARLES B GRA  Enter name of individ	Form use is port, ir t, and	X Yes Yes Yes Yes Yes Yes Yes No Not determined to the best of my knowledge and gning as plan administrator
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Part	III Financial Information							
_			(a) Beginning of Year				(b) End of Yea	ar
	lan Assets and Liabilities	7a		6656				
	otal plan assets	7b						
	otal plan liabilitieslet plan assets (subtract line 7b from line 7a)	7c	346	6656				0
			(a) Amount				(b) Total	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:							
a (	1) Employers	8a(1)						
	2) Participants	8a(2)						
	3) Others (including rollovers)	8a(3)						
	Other income (loss)	. 8b	•					0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						<u> </u>
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						0
	Total expenses (add lines 8d, 8e, 8f, and 8g)							C
i	Net income (loss) (subtract line 8h from line 8c)	8i	2.4	CCE				
j	Transfers to (from) the plan (see instructions)	· 8j	-34	1665	0			
Par	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension						l look of one	
Par	Compliance Questions				Yes	No	Am	ount
10	During the plan year:		the time period described in					
а	20 CEP 2510 3-1022 (See instructions and DOL's Voluntary Fig.	Judiary Corre	Cuon rogiam,	10a		X		
b	Were there any nonexempt transactions with any party-in-interes		alude transactions reported					
		St? (DO HOL III	clude transactions reported	10b		Х		
	on line 10a.)		ciude transactions reported		Х	X		5000
	on line 10a.)		clude transactions reported	10b	Х			5000
- 0	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?	's fidelity bon	d, that was caused by fraud		Х	Х		5000
- 0	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 compared services or other organization that provides some or a	's fidelity bonother persons	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c	Х			5000
6	on line 10a.)	s fidelity bonother persons	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d	Х	Х		5000
- 0	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the p	s fidelity bonother persons all of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f	Х	Х		5000
- f	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the plan that plan have any participant loans? (If "Yes," enter amount the plan have any participant loans? (If "Yes," enter amount the plan have any participant loans?	other persons all of the bene lan?as of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10d	х	X X		5000
- f	on line 10a.)	other persons as of year er? (See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g	Х	X X X		5000
	on line 10a.)	other persons as of year er? (See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h	Х	X X X		5000
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f g i	on line 10a.)	other persons as of year er? (See instruction of the required 101-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR  notice or one of the	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X	3 (Form	5000
f g i	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 consurance service, or other organization that provides some or a instructions.).  Has the plan failed to provide any benefit when due under the plan that plan have any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided 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  Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	other persons as of year er? (See instruction 101-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  yes," see instructions and cor  ule SB (Form 5500) line 39	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X A A A A A A A A A A A A A A A A		
f (g) h	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the plan that plan have any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.2010    The strip of the plan subject to minimum funding requires 5500) and line 11a below)	other persons as of year er? (See instruction of the required 101-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  ves," see instructions and cor ule SB (Form 5500) line 39 ents of section 412 of the Cod	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X A A A A A A A A A A A A A A A A		Yes No
6 Far 11 11 11 12	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the plan thave any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period exceptions to providing the notice applied under 29 CFR 2520.7 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.7 Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below the minimum funding standard for a prior year is better the unpaid minimum funding standard for a prior year is below.	s fidelity bond other persons all of the bene lan? as of year er (See instruction the required 101-3 r from Schedling requireme ow, as applicate being amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  ves," see instructions and cor  ule SB (Form 5500) line 39  ents of section 412 of the Cod  able.)  ent in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i mplete	Schee	X X X X A X A A A A A A A A A A A A A A	ERISA?	Yes No
f G F I I I I I I I I I I I I I I I I I I	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the plan thave any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period exceptions to providing the notice applied under 29 CFR 2520.7  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.7  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.7  Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below arranging the waiver.	other persons as of year er (See instruction) of the benear as of year er (See instruction) of the required for the second of the requirements? (If "Year from Schedung requirements ow, as applications as applications of the second of the se	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  ves," see instructions and cor  ule SB (Form 5500) line 39  ents of section 412 of the Cod  able.)  ed in this plan year, see instructions and cor	10c 10d 10e 10f 10g 10h 10i mpletee or s	Schee	X X X X A X A A A A A A A A A A A A A A	ERISA?	Yes No
Far   11   11   12   12   13   14   15   15   15   15   15   15   15	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 consurance service, or other organization that provides some or a instructions.)  Has the plan failed to provide any benefit when due under the plan thave any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period exceptions to providing the notice applied under 29 CFR 2520.7 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.7 Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below the minimum funding standard for a prior year is better the unpaid minimum funding standard for a prior year is below.	s fidelity bonds other persons all of the bene lan? as of year er (See instruct the required 101-3 ements? (If "Year from Schedl ng requirement ow, as applicated the management ow, as applicated seeing amortize  stule MB (For	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  yes," see instructions and cor ule SB (Form 5500) line 39 ents of section 412 of the Cod able.) ed in this plan year, see instructions and skip to line 13	10c 10d 10e 10f 10g 10h 10i e or s	Schee ection s, and	X X X X A X A A A A A A A A A A A A A A	ERISA?	Yes N

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Form	5500	-SF	201	3

Page 3 -		
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		12c			
Enter the amount contributed by the employer to the plan for this plan year	1.0.5.				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the second of	ile left of a	12d	Yes	□ No □	□ N/A
Will the minimum funding amount reported on line 12d be met by the funding deadline?			163	110	
Part VII Plan Terminations and Transfers of Assets				-	
13a Has a resolution to terminate the plan been adopted in any plan year?			es XN	0	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		- IJa			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?				Yes	No X
<ul> <li>C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)</li> </ul>	entify the plan(s)		INI(a)	130/3	3) PN(s)
13c(1) Name of plan(s):		13c(2) E			
GLOBAL RESOURCE SOLUTIONS, INC 401(k) PLAN	20	6-444	4801		001
Part VIII Trust Information (optional)		14h 1	rust's EIN		
14a Name of trust		140	Tuot o Liiv		

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

Pepartment 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

\ N	lame of filer, plan administrator, or plan sponsor (see instructions)	В				ing number (se		
	SLOBAL RESOURCE SOLUTIONS, INC.		Em	ploye	er iden	tification number		s XX-XXXXXXX
2	lumber, street, and room or suite no. (If a P.O. box, see instructions)					26-444		
2	22 LEE STREET SOUTHWEST SUITE 116		So	cial s	ecurity	number (SSN)	(9 digits XXX-	(X-XXXX)
-	City or town, state, and ZIP code							
	TUMWATER, WA 98501		-			Plan	year endir	na —
;	Plan name			lan nbe	r	MM	DD	YYYY
-	O L (I DOCET SHADING DI AN	0		0	2	09	30	2014
Part	Blobal Resource Solutions, Inc. PROFIT SHARING PLAN  Extension of Time To File Form 5500 Series, and/or Form 8	955-S	SA	4				
raru					F00 -	erice return/r	enort for the	nlan listed
1	Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above.	ne first	For	m 5	500 s	eries return/r	eport for the	e piari listou
•	I request an extension of time until to file Form	n 5500	ser	ries (	see ir	nstructions).		
2	Note. A signature IS NOT required if you are requesting an extension to file F							
	07 / 45 / 2045 As file Form	~ 0055	00	εΛ (c	oo ing	etructions)		
3	I request an extension of time until 07 / 15 / 2015 to file Form	orm 89	-33 55-	SSA	\.	structionoj.		
	Note. A signature IS NOT required if you are requesting an extension to file F	01111 00	00	00,				
	The application <b>is automatically approved</b> to the date shown on line 2 and, the normal due date of Form 5500 series, and/or Form 8955-SSA for which the strength of the string month of t	11 111113	exte	ansi	an ic		na (b) the	Jale on line
Part	and/or line 3 (above) is not later than the 15th day of the third month after the	norma	ıl dı	ue d	311 10	Tequestou, u	(-,	
Part 4	and/or line 3 (above) is not later than the 15th day of the third month after the	m 5330	).		ate.			
4	Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after the second content and the time and	m 5330	).		ate.			
	Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after Enter the Code section(s) imposing the tax	m 5330	).		ate.		60.	
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4 a	Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax  Enter the payment amount attached  For excise taxes under section 4980 or 4980F of the Code, enter the reversion in the total payment amount attached	m 5330 the norm	). mal	l due	ate.	of Form 533	60.	
а	Extension of Time To File Form 5330 (see instructions)  I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after Enter the Code section(s) imposing the tax	m 5330 the norm	). mal	l due	ate.	of Form 533	60.	
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