	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit		2009						
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						yee					
Ρ	ension Benefit Guaranty Corporation	0-SF.	Inspection								
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
For	calendar plan year 2009 or fisca			g	2/31/2						
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan						
B	This return/report is for:										
		an amended return/report	short plan	n year return/report (less than 12 mo	nths)	_					
C	Check box if filing under:	Form 5558		extension		DFVC program					
		special extension (enter descriptio									
		nation—enter all requested information	ation		46						
	Name of plan LITES NEON, INC. 401(K) PLA	N & TRUST			10	Three-digit plan number					
UIII						(PN) ▶ 001					
					1c	Effective date of plan 01/01/2008					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1417210					
	NW 49TH STREET				2c	Plan sponsor's telephone number 206-789-4747					
	TTLE, WA 98107				2d	Business code (see instructions) 335900					
	Plan administrator's name and LITES NEON, INC.	address (if same as Plan sponsor, e 902 NW 49T	H STREET		3b	Administrator's EIN 91-1417210					
		SEATTLE, W		3c Administrator's telephone number 206-789-4747							
		n sponsor has changed since the las		port filed for this plan, enter the	4b EIN						
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	5					
b		the end of the plan year			5b	5					
С		th account balances as of the end of	, ,	· ·	5c	5					
6a	· · · ·	uring the plan year invested in eligibl				X Yes No					
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQ							
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No					
Pa	rt III Financial Informa		500-	SF and must instead use Form 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	1252	1	22539					
b	Total plan liabilities		7b		C						
С	Net plan assets (subtract line 7	b from line 7a)	7c	1252	1	22539					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei		90(1)	68	1						
			8a(1) 8a(2)	573							
				575	-						
b	., ,			359	3						
c		8a(2), 8a(3), and 8b)				10018					
d	Benefits paid (including direct r	ollovers and insurance premiums	8d								
е	, ,	ive distributions (see instructions)									
f		s (salaries, fees, commissions)									
g	•										
h	•	3e, 8f, and 8g)	Ŭ			0					
i		8h from line 8c)				10018					
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	Х					2000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х						
е	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 								
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х					
Part	VI Pension Funding Compliance								
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 granting the waiver								
lf y	rou 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					
С	C Enter the amount contributed by the employer to the plan for this plan year								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on egative amount)		🗋	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	lo	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)	
							-		
Caut	on: A nonativ for the late or incomplete filing of this return/report will be accessed unless reasonable			octabl	ichod				

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.

SIGN	Filed with authorized/valid electronic signature.	06/15/2010	MARTHA DAVIS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/15/2010	MARTHA DAVIS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF	Short Form Annual R	leturn/Re Benefit P	ee	CMB Nos. 1210-011 1210-008					
Department of the Transury Internal Revenue Service		This form is required to be filed under sections 104 and 4085 of the Employee							
Department of Labor Employee Benefits Security Administration	Retirement income Security	Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	► Complete all entries in accor	rdance with th	e instructions to the Form 550	0-SF,	Inspection.				
	dentification Information		- 01 and and ing		09-12-31				
or the calendar plan year 2009 or		2009-03		<u>20</u> Γ	7				
	x single-employer plan	-	ioyer plan (not muttiemployer)	L	one-participant plan				
This return/report is for:	first return/report	final rotum/re	•						
	an amended return/report		ar return/report (less than 12 mont	ha) r	7				
Check box if filing under:	Form 5558	automatic ext	tension		DFVC program				
	special extension (enter description	n)							
	mation ontor all requested info	mation.	·····						
a Name of plan					Three-digit pian number				
CITY LITES NEON, INC.	401(K) PLAN & TRUST				(PN) - 001				
					Effective date of plan				
Plan sconsor's name and addin		n ba m)			2009-01-01 Employer Identification Number				
CITY LITES MEON, INC.	ess (employer, if for single-employer p				(EIN) 91-1417210				
•				2c	2C Plan sponsor's telephone number				
902 NW 49TH STREET					(206) 789-4747 Business code (see instructions)				
s seattle	WA 98107				SUSINESS CODE (See Instructions)				
	address (if same as plan employer, e	rnter "Same")		3b .	Administrator's EIN				
Same									
				3c /	Administrator's telephone number				
If the name and/or EIN of the p	lan sponsor has changed since the is	st return/report	filed for this plan, enter the	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. Sponsor's Name					4c PN				
a Total number of participants at	the heginoing of the pien year			ба	5				
	the beginning of the plan year	• • • • •	· · · · · · · · · · · · · · · · · · ·	ба 5b	5				
D Total number of participants at	the beginning of the plan year		· · · · · · · · · · · · · · · · · · ·	6 b	5				
 Total number of participants at Total number of participants with complete this item) 	the end of the plan year . In account balances as of the end of t	the plan year (lefined benefit plans do not	5b 5c	5				
 Total number of participants at Total number of participants with complete this item) Were all of the plan's assets due 	the end of the plan year . It account belances as of the end of i uring the plan year invested in eligible	the plan year (c assots? (See i	defined benefit plans do not 	5b. 5c	2				
 D Total number of participants at Total number of participants wi complete this item) Were still of the plan's seets di Are you claiming a walver of th under 29 CFR 2520.104-467 (\$ 	the end of the plan year	the plan year (ascots? (See i n independent nd conditions.)	Sefined benefit plans do not instructions.) qualified public accountant (IQPA)	5b. 5c	5 5 XYes No				
 D Total number of participants at Total number of participants wit complete this item) a Were all of the plan's assets du b Are you claiming a waiver of th under 29 CFR 2520.104-467 (5 if you answered "No" to either 	the end of the plan year . th account belances as of the end of the uring the plan year invested in eligible to annual examination and report of an See instructions on waiver eligibility an ar 6a or 6b, the plan cannot use For	the plan year (ascots? (See i n independent nd conditions.)	Sefined benefit plans do not instructions.) qualified public accountant (IQPA)	5b. 5c	5 5 XYes No				
 b Total number of participants at Total number of participants wit complete this item) a Were at of the plan's assets du b Are you claiming a waiver of th under 29 CFR 2520.104-467 (5 if you answered "No" to either 	the end of the plan year . th account belances as of the end of the uring the plan year invested in eligible to annual examination and report of an See instructions on waiver eligibility an ar 6a or 6b, the plan cannot use For	the plan year (ascots? (See i n independent nd conditions.)	Sefined benefit plans do not instructions.) qualified public accountant (IQPA)	5b. 5c	5 5 • • • • • • • • • • • • • • • • • •				
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 D Total number of participants at Total number of participants wit complete this item) Were still of the plan's assets di Are you claiming a walver of th under 29 CFR 2520.104-487 (5 If you answered "No" to eithe Part III Financial Inform Plan Accots and Llabilities B Total plan assets 	the end of the plan year . th account belances as of the end of the uring the plan year invested in eligible to annual examination and report of an See instructions on waiver eligibility an ar 6a or 6b, the plan cannot use For	the plan year (c assots? (See I in independent ind conditions.) im 6500-SF an	defined benefit plans do not instructions.) qualified public accountant (QPA) d must instead use Form 5500. (a) Beginning of Yeer	5b. 5c	5 XYes No XYes No (b) End of Year				
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 Total number of participants at Total number of participants with complete this item) Were all of the plan's assets du Are you claiming a walver of the under 29 CFR 2520.104-467 (S if you answered "No" to either Part III Financial Inform Plan Accets and Llabilities Total plan assets Total plan assets Net plan assets (subtract line 7 income, Expenses, and Transf Contributions received or receir (1) Employers Others (including rollovers) Other income (loss) Total income(add lines 8e(1), 6 Benefits paid (including direct r to provide benefits) Certain deemed and/or correct 	the end of the plan year	the plan year (c assots? (See i in independent ind conditions.) im 6500-SF an 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e	Jefined benefit plans do not instructions.)	5b. 5c	5 X Yes No X Yes No (b) End of Year 22, 539 (b) Total				
 D Total number of participants at Total number of participants with complete this item) Were all of the plan's assets due of the plan's assets due of the plan's assets due of the plan's assets due to the plan Assets and Liabilities Plan Assets and Liabilities Total plan assets	the end of the plan year	the plan year (c assots? (See i in independent ind conditions.) im 6500-SF an 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8a 8c 8c 8c 8c 8c 8c	Jefined benefit plans do not instructions.)	5b. 5c	5 XY48 No XY48 No (b) End of Year 22,539 (b) Total				
 D Total number of participants at Total number of participants wit complete this item) Were all of the plan's assets did Are you claiming a walver of the under 29 CFR 2520.104-467 (5 if you answered "No" to either Part III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets (subtract line 7 income, Expenses, and Transf Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8e(1), 5 d Benefits paid (including direct r to provide benefits) Cartain deemed and/or correct Administrative service provider 	the end of the plan year	the plan year (c easots? (See i in independent ind conditions.) m 6500-SF an 5600-SF an 7c 7c 7c 8e(1) 8e(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	Jefined benefit plans do not instructions.)	5b. 5c	5 XYes No XYes No (b) End of Year 22, 539 (b) Total 10, 018				
 D Total number of participants at Total number of participants at Complete this item) Were all of the plan's assets di Are you claiming a walver of th under 29 CFR 2520.104-467 (S if you answered "No" to either Part III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers) C Total income (loss) C Total income (loss) C Total income (add lines 8e(1), & Benefits paid (including direct in to provide benefits) C Certain deemed and/or correct Administrative service provider C Total expenses (add lines 8d, 6) 	the end of the plan year	the plan year (c assots? (See i in independent ind conditions.) m 6500-SF an 7c 7c 7c 8et(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c 8d 8c	Jefined benefit plans do not instructions.)	5b. 5c	5 X Yes No X Yes No (b) End of Year 22, 539 (b) Total 10, 018 10, 018				
 D. Total number of participants at Total number of participants at Complete this item) Were still of the plan's states di Are you claiming a waiver of th under 29 CFR 2520.104-467 (5 if you answered "No" to either Part III Financial Inform Plan Assets and Llabilities B. Total plan assets	the end of the plan year	the plan year (c easots? (See i in independent ind conditions.) m 6500-SF an 5600-SF an 7c 7c 7c 8e(1) 8e(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	Jefined benefit plans do not instructions.)	5b. 5c	5 XYes No XYes No (b) End of Year 22, 539 (b) Total 10, 018				

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P.4

Form 5600-SF (2009)

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 28 29 2J

b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

Part	V Compliance Questions		- 			•		·····				
10	During the plan year:				Yes	No		Amount				
	Was there a failure to transmit to the plan any participant contribution v	vithin the time port	d described in									
	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Flduclary (Correction Prooran	n)	100		×						
D	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			401		x						
-			ł	10b								
ب د	Was the plan covered by a fidelity bond?,			10¢	x				2,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	ly bond, that was c				x						
e				100								
6	Were any fees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the	sons by an insuran a benefits under th	ce carrier, e plan? (See									
	instructions.)	* * * * * *		10e		x						
f	Has the plan failed to provide any benefit when due under the plan?			101		x						
g	Did the plan have any participant loans? (if "Yes," enter amount as of y	warend.)		10a		x			****			
ĥ	If this is an individual account plan, was there a blackout period? (See i	instructions and 29	CFR				19. je 19.					
_	2520.101-3.)		[10h		x						
i	If 10h was answered "Yes," check the box if you either provided the rec	juired notice or one	of the			{						
	exceptions to providing the notice applied under 29 CFR 2520.101-3 .		· · · · · · · · · · · · · · · · · · ·	101		L						
11	VI Pension Funding Compliance						_					
••	is this a defined benefit plan subject to minimum funding requirements? 5500)	? (If "Yes," see inst	nuctions and complet	e S¢	heduk	9 88 (f	orm	Yes	X No			
12	Is this a defined contribution plan subject to the minimum funding requi	compute of section	412 of the Code or a	actio	n 307	of FR	SA7	TYes	TX No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				0. 010		,				
а	if a waiver of the minimum funding standard for a prior year is being an	-	year, see instruction	5. an	id entr	er the r	iste of the la	etter rulloa				
	granting the waiver		Month	المارية الم		Day		Year				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (skip to line 13.									
b	Enter the minimum required contribution for this plan year			•	·L	12b						
C	Enter the amount contributed by the employer to the plan for this plan y	war			. L	12C						
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the r	esult (enter a minu	s sign to the left of a			12d						
~				•	• L							
e Part	Will the minimum funding smount reported on line 12d be met by the fu	inding deedline?	<u> </u>	·		• •	Yes	No [N/A			
						-						
IJa	Has a resolution to terminate the plan been adopted during the plan yes	tr or any prior year	7	•	يتم ۲			X Yes	Nio			
-	if "Yes," enter the amount of any plan assets that reverted to the employed					13a			0			
b	Were all the plan assets distributed to participants or baneficiaries, trans	sferred to another (plan, or brought unde	r the	contr	ol			_			
C	of the PBGC? If during this plan year, any assets or Rabilities were transferred from th	a a a a a a a a	· · · · · · ·		• •	• •	• • • •	Yes]	X No			
_	which assets or liabilities were transferred. (See instructions.)	a parti to dirottar p	анцо), клеткну шие ра	ni(s)	10							
13	lc(1) Name of plan(s):				13	:(2) El	N(a)	13c(3)F				
									and the second			
Cautio	n: A penalty for the late or incomplete filing of this return/report will	be assessed unk	ess reasonable cau	18 i s	estat	lished	1,					
Under	senalties of perjury and other penalties set forth in the instructions. I dec	are that I have exp	mined this return/red	iont à	nclud	na if s	oplicable a	Schedule				
ap or a	chequie mis completed and signed by an enrolled actuary, as well as th	e electronic versio	n of this return/report.	and	to the	best (of my knowle	edge and				
	t is true, correct, and complete.		- M / /			\						
SIGN			MARth			AU						
11211	ERE Signature of plan administrator Date (r/2//O Enter name of individual signing as plan administrator											
SIGN							A DAVIS					
HER	E Signature of employer/plan sponsor	10 (1/2/10	Entor name of Indivi	dual	signir	10 25 Q	mplover or i	Dian soonad	ж м			