Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 section 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number SPECVIEW CORPORATION PROFIT SHARING PLAN 002 (PN) ▶ 1c Effective date of plan 01/01/1982 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number SPECVIEW CORPORATION 91-2014140 (EIN) 2c Plan sponsor's telephone number 253-853-3199 13409 53RD AVE NW GIG HARBOR, WA 98332 2d Business code (see instructions) 334410 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN SPECVIEW CORPORATION 13409 53RD AVE NW 91-2014140 GIG HARBOR, WA 98332 **3c** Administrator's telephone number 253-853-3199 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, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 608463 836388 a Total plan assets..... 7a **b** Total plan liabilities..... 7b \cap 836388 Net plan assets (subtract line 7b from line 7a)..... 7с 608463 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 35250 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 192675 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 227925 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 227925 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Dian	(`haract	Orietics
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HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 3D

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

Part	٧	Compliance Questions								
10	Dι	ring the plan year:				Yes	No		Amount	
а		as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
b		ere there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				130000
d		d the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	•	•	10d		X			
е	ins	ere any fees or commissions paid to any brokers, agents, or other p surance service or other organization that provides some or all of the structions.)	e benefits under the	e plan? (See	10e		X			
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part	۷I	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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									
-		completed line 12a, complete lines 3, 9, and 10 of Schedule ME		-		Г	12b			
		ter the minimum required contribution for this plan year					12c			
		ter the amount contributed by the employer to the plan for this plan btract the amount in line 12c from the amount in line 12b. Enter the								
-		gative amount)					12d			
		Il the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part										
3a	На	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		r		Γ	Yes	X No
		Yes," enter the amount of any plan assets that reverted to the employers					13a			
	of	ere all the plan assets distributed to participants or beneficiaries, trait the PBGC?							Yes	X No
С		during this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to				
1	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonabl	le cau	se is	establ	ished.	•	
SB o	Śc	enalties of perjury and other penalties set forth in the instructions, I on hedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.								
SIGI	ı .	Filed with authorized/valid electronic signature.	07/06/2010	STEPHEN J. CO	OPER					
J. U.	4									

Date

Date

07/06/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

STEPHEN J. COOPER

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 section 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

2009

This Form is Open to Public Inspection.

_	art I Annual Report Identification Information									
For	the calendar plan year 2009 or fiscal plan year beginning	2009	-01-01	and ending	20	09-12-31				
Α	This return/report is for: x single-employer plan	multiple-e	mployer plan (n	ot multiemployer)	Γ	one-participant plan				
В	This return/report is for:	final retur	n/report		_					
	an amended return/report		•	ort (less than 12 mont	the)					
^				on (less than 12 mon	1113 <i>)</i>	J 55.45				
C			extension		L	DFVC program				
_	special extension (enter description									
_	art II Basic Plan Information enter all requested infor	mation.								
1a	Name of plan					hree-digit				
	Specview Corporation Profit Sharing Plan					olan number PN) ► 002				
					<u> </u>	Effective date of plan				
					1	1982-01-01				
2a	the state of the s	an)			2b Employer Identification Number					
	Specview Corporation					EIN) 91-2014140				
	13409 53rd AVE NW				1	Plan sponsor's telephone number (253) 853-3199				
	GTG WYDDOD 00000					Business code (see instructions)				
$\frac{0s}{3a}$	GIG HARBOR WA 98332		ш.			334410				
Ja	Plan administrator's name and address (If same as plan employer, en Same	iter "Same	")		30 /	Administrator's EIN				
					3c /	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	oort filed for this	plan, enter the	4b E	EIN				
	name, EIN and the plan number from the last return. Sponsor's Name	1			4c F	PN				
5a	Total number of participants at the beginning of the plan year				5a	2				
b	Total number of participants at the end of the plan year				5b	2				
C	Total number of participants with account balances as of the end of the	e plan yea	ır (defined bene	fit plans do not	_					
62	complete this item)			• • • • • • •	5c	2				
b						Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	condition:		·····		XYes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must inste	ad use Form 5500.						
Pa	art III Financial Information				***************************************					
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year				
а	Total plan assets	. 7a		608,463		836,388				
b	Total plan liabilities	7b		0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c		608,463		836,388				
8	Income, Expenses, and Transfers for this Plan Year	a a	(4	a) Amount	(b) Total					
а	Contributions received or receivable from:				THE REAL PROPERTY.					
	(1) Employers	8a(1)	1	35,250						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		192,675						
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				227,925				
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	2000								
_										
e f	Certain deemed and/or corrective distributions (see instructions)	8e								
T a	Administrative service providers (salaries, fees, commissions) Other expenses	8f								
9		8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0				
	Net income (loss) (subject line 8h from line 8c)	8i		2000年度,全年2000年	100	227,925				
	Transfers to (from) the plan (see instructions)	8j			115000					

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Pari	IV Plan Characteristics				······					
9a	the plan provides pension benefits, enter the applicable pension fea	ature c	codes from the L	ist of Plan Characte	ristic (Codes	in the	instruction	ns:	
	2E 2F 3D									
	f the plan provides welfare benefits, enter the applicable welfare feat	lure co	odes from the Li	st of Plan Characteri	Stic C	odes II	n the II	nstructions	S:	
Par	V Compliance Questions									
10	During the plan year:					Yes	No	Ţ	Amount	
а	Was there a failure to transmit to the plan any participant contribution	on witt	hin the time peri	od described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?				10a	<u> </u>	 -			
	on line 10a.)				10b		x			
С	Was the plan covered by a fidelity bond?				10c	х				130,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi								***************************************	
_	or dishonesty?				10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all o	perso	ons by an insura	nce carrier,				 		
	instructions.)		· • • • • •		10e		х			
f	Has the plan failed to provide any benefit when due under the plan						х			
g	Did the plan have any participant loans? (If "Yes," enter amount as				10g		х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See ins	structions and 29	CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the	e reaui	red notice or on	e of the						
-	exceptions to providing the notice applied under 29 CFR 2520.101-	3		· · · · · · ·	10i					
Part	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see ins	tructions and comple	te Sc	hedule	SB (F	Form	Yes	x No
12	Is this a defined contribution plan subject to the minimum funding re	equire							. Yes	No X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica									
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amor	rtized in this plai	year, see instructio	ns, ar	id ente	er the o	date of the	letter ruling	g
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	· · MB (Fo	orm 5500), and	skip to line 13.	uı		Day		Year	
b	Enter the minimum required contribution for this plan year					. [12b			
C	Enter the amount contributed by the employer to the plan for this plan	an yea	ır			. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)	the res	ult (enter a mini	us sign to the left of a	a		12d			
е	Will the minimum funding amount reported on line 12d be met by th					٠ ـــــ		Yes	□No	□N/A
Part		io idilo	ing deddime:	<u> </u>	• •	• •	•		L-1'10	
13a	Has a resolution to terminate the plan been adopted during the plan	year	or any prior yea	?					Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the em	nploye	r this year .				13a			
b	Were all the plan assets distributed to participants or beneficiaries, t	transfe	erred to another	plan, or brought und	er the	contro	ol l			
С	of the PBGC?	· ·	olan to another r	lan(s) identify the n	· ·	· ·	• •		· Yes	x No
	which assets or liabilities were transferred. (See instructions.)	1 1110 1		man(s), identily the p	iari(s)	io				
1	3c(1) Name of plan(s):					130	(2) El	N(s)	13c(3) PN(s)
		-								
Cautio	n: A penalty for the late or incomplete filing of this return/report	will b	e assessed un	ess reasonable cau	ıse is	estab	lished	<u> </u>		
Under	penalties of perjury and other penalties set forth in the instructions, I	declar	e that I have ex	amined this return/re	port i	includi	na ifa	policable	a Schedule	9
SB or	Schedule MB completed and signed by an enrolled actuary, as well a t is true, correct, and complete.	ıs the e	electronic versio	n of this return/repor	t, and	to the	best	of my knov	vledge and	-
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SIGN		Dat								
SIGN		bal	28/10	Enter name of indi			7-1	lan admin	istrator	
HER		Dat		Enter name of indi					r plan sees	
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