## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation  Complete all ent	ries in accord	dance witl	n the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Identification Infor	mation						
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2010	0	and ending 0	6/22/2	2010		
Α	This return/report is for:	n 🗌	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for: first return/report	X	final retur	n/report		_		
	an amended return/	report	short plan	year return/report (less than 12 mor	nths)			
С	Check box if filing under: Form 5558	i i	automatic	extension		DFVC progra	m	
	special extension (e	nter descriptio						
Dr								
	nt II   Basic Plan Information—enter all req	uestea informa	ation		1h	Three-digit		
	LITES NEON, INC. 401(K) PLAN & TRUST				10	plan number	004	
• • • • • • • • • • • • • • • • • • • •						(PN) <b>•</b>	001	
					1c	Effective date of		
						01/01/2	008	
	Plan sponsor's name and address (employer, if for sir	ngle-employer	plan)		2b	Employer Identif		ber
CITY	LITES NEON, INC.				20	(EIN) 91-141		ımbor
	NW 49TH STREET				20	206-789	3-4747	annoei
SEA	ITLE, WA 98107				2d	Business code (		ions)
					01	335900		
CITY	Plan administrator's name and address (if same as PI LITES NEON, INC.	<u>?</u> ")	<b>3b</b> Administrator's EIN 91-1417210					
		SEATTLE, W	/A 98107		3c	Administrator's t	elephone nu	ımber
						206-789		
	f the name and/or EIN of the plan sponsor has change			port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/re	eport. Sponso	r's name		<b>4</b> c	PN		
5a	Total number of participants at the beginning of the p	lan vear			5a			5
	Total number of participants at the end of the plan year	•		;				0
	Total number of participants at the end of the plan year			:	5b			
С	complete this item)			` .	5c			0
6a	Were all of the plan's assets during the plan year inv	ested in eligible	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination	and report of a	an indeper	dent qualified public accountant (IQI	PA)		<u> </u>	_
	under 29 CFR 2520.104-46? (See instructions on wa	• .		•			^ Yes	No
D-	If you answered "No" to either 6a or 6b, the plan of	cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End	of Year	0
	Total plan assets		. 7a	22300	_			
b	Total plan liabilities		7b	22539	1			0
<u> </u>	Net plan assets (subtract line 7b from line 7a)		7c					- 0
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers		8a(1)					
	(2) Participants		8a(2)					
	(3) Others (including rollovers)							
b	Other income (loss)		` '	469	)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c					469
d	Benefits paid (including direct rollovers and insurance							
	to provide benefits)		. 8d	23008	5			
е	Certain deemed and/or corrective distributions (see in	nstructions)	. 8e					
f	Administrative service providers (salaries, fees, comm	nissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					23008
i	Net income (loss) (subtract line 8h from line 8c)		. 8i				-	-22539
i	Transfers to (from) the plan (see instructions)		8i					

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Part IV	Plan	(`hara	cteristics
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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	e benefits, enter the appli	cable welfare fea	ature codes fro	m the List of Plan	Characteris	tic Co	des in t	the instru	ictions	3:	
art	V Compliance Qu	estions										
0	During the plan year:						Yes	No		Am	ount	
а	Was there a failure to tran	nsmit to the plan any parti se instructions and DOL's						X				
b	Were there any nonexem on line 10a.)							X				
С	Was the plan covered by	a fidelity bond?				. 10c	X					2000
d	Did the plan have a loss, or dishonesty?							X				
е	Were any fees or commis insurance service or othe instructions.)	r organization that provide	es some or all of	the benefits ur	der the plan? (See	<b>;</b>		X				
f	Has the plan failed to pro-	vide any benefit when due	e under the plan?	?		. 10f		X				
g	Did the plan have any par	rticipant loans? (If "Yes," e	enter amount as	of year end.)		· 10q		X				
h	If this is an individual acceptable 2520.101-3.)							X				
i	If 10h was answered "Yes exceptions to providing th	s," check the box if you ei	ther provided the	required notic	e or one of the			X				
art	VI Pension Fundir	ng Compliance				•						
1	Is this a defined benefit pl	an subject to minimum fu									Yes	X No
2	Is this a defined contribut										Yes	X No
	(If "Yes," complete 12a or		-	•	0000011 112 01 010	0000 01 00	,000011	JOE 01			_	ш -
	If a waiver of the minimum granting the waiver	n funding standard for a p	rior year is being	amortized in t								
lf y	ou completed line 12a, c							,				
b	Enter the minimum require	ed contribution for this pla	n year		•••••		[	12b				
С	Enter the amount contribu	ited by the employer to th	e plan for this pla	an vear			[	12c				
	Subtract the amount in lin negative amount)	e 12c from the amount in	line 12b. Enter th	he result (ente	a minus sign to th	e left of a	Ī	12d				
е	Will the minimum funding	amount reported on line	12d be met by the	e funding dead	line?				Yes		No	N/A
art	VII Plan Terminat	ions and Transfers	of Assets									
3a	Has a resolution to termin	ate the plan been adopte	d during the plan	vear or any n	ior year?					×	Yes	No
-	If "Yes," enter the amount				-			13a				0
b	Were all the plan assets of the PBGC?									X	Yes	□ No
С	If during this plan year, ar which assets or liabilities	-		n this plan to a	nother plan(s), ide	ntify the pla	n(s) to	)		_	_	
1:	3c(1) Name of plan(s):	(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	,				13	<b>c(2)</b> El	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late	or incomplete filing of	this return/repo	ort will be asse	essed unless reas	onable cau	use is	establ	ished.			
Inde	r penalties of perjury and o	other penalties set forth in and signed by an enrolled	the instructions,	I declare that	have examined th	is return/re	port, ir	ncludin	g, if appli			
	, it is true, correct, and con	nplete.										
	Filed with authorized/va	alid electronic signature.		07/29/2010	TREF FARI	MER						

SIGN	Filed with authorized/valid electronic signature.	07/29/2010	TREF FARMER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 0	6/22/2	2010			
Α	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt nlan		
_	This return/report is for:	i	m/report		one participa	in plan		
	an amended return/report	!	n year return/report (less than 12 moi	athe)				
С	Check box if filing under: Form 5558	i	c extension	1013)	DFVC progra			
	special extension (enter description	,	COMMISSION		☐ DEVC progra	1111		
P	art II Basic Plan Information—enter all requested inform	,						
	Name of plan	auon		1h	Three-digit			
	/ LITES NEON. INC. 401(K) PLAN & TRUST			טו	plan number			
					(PN) ▶	001		
			1c	Effective date of				
	Plan sponsor's name and address (employer, if for single-employer		26	01/01/2				
CIT	LITES NEON, INC.	pian)		<b>2</b> D	Employer Identif			
000	ADAL 40TO COMPUTE			2c	Plan sponsor's t	elephone number		
	NW 49TH STREET TTLE. WA 98107				206-789	9-4747		
				2d	Business code ( 335900	see instructions)		
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam	e")	3b	Administrator's I			
CHY	LITES NEON. INC. 902 NW 49T SEATTLE. W		T '		91-1417	7210		
				3с	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	eport filed for this plan, enter the	4h	EIN	, ,,,,,		
	name, EIN, and the plan number from the last return/report. Sponso	r's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	710	L114			
	T-1-1			4c	PN			
	Total number of participants at the beginning of the plan year	<u>5a</u>		5				
b	Total number of participants at the end of the plan year			5b		0		
С	Total number of participants with account balances as of the end of complete this item)	f the plan	ear (defined benefit plans do not	5c	·	0		
6a						Yes No		
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IOF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			Yes   No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities		(a) Barrianian (6)					
a	Total plan assets	7a	(a) Beginning of Year 22539	-	(b) End	of Year		
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from line 7a)	7c	22539	-		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T			
а	Contributions received or receivable from:		(a) Amount	<del></del>	(6) 1	Otai		
	(1) Employers	8a(1)		4				
	(2) Participants	8a(2)		_				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	469					
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>		469		
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23008					
е	Certain deemed and/or corrective distributions (see instructions)	8e		1				
f	Administrative service providers (salaries, fees, commissions)			1				
g	Other expenses	8g		1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		+		23008		
i	Net income (loss) (subtract line 8h from line 8c)	8i		$\top$		-22539		
j	Transfers to (from) the plan (see instructions)			1				

	_				
- 1	Earm	5500	CE	201	•

Page	2.	1
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Part	IV	Plan	Chara	cteristics

- 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

D	in the plan provides wellare benefits, enter the applicable welfare featu	ire codes from the	List of Plan Characteris	tic Cod	les in t	he instru	ictions:	
Part	V Compliance Questions		T					
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	s within the time per y Correction Progr	eriod described in ram) 10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include trans	actions reported		X			
С	Was the plan covered by a fidelity bond?		<del></del>	Х				2000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	lity bond, that was	caused by fraud		X			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	rance carrier,		×				
f	Has the plan failed to provide any benefit when due under the plan? $\ensuremath{\dots}$	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)			X			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR		Х			***************************************
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the		Х			
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see ins	structions and complete	Schedi	ıle SB	(Form	.   Ye:	s ⊠ No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of sectio	n 412 of the Code or se	ction 3	02 of E	RISA?.	. Yes	No No
а	(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 an	.) nortized in this pla	n vear see instructions	and e	nter the	e date of	the letter r	ulina
	granting the waiver		Month		Day		Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				12b			
	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year.				120 12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the inegative amount)	result (enter a min	us sign to the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fu					Yes	П №	□ N/A
Part '								
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	ir?				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year			13a	***************************************	···········	0
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to another	plan, or brought under t	he cor	itrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the plan	(s) to				_
1:	Sc(1) Name of plan(s):			13c(2) EIN(s)			13c(3	) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report w	vill he assessed (	inless reasonable caus	-a is a	otobli.		<u>. L</u>	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have e	examined this return/ren	ort inc	ludina	if applic	cable, a Sch knowledge	nedule and
SIGN	The Ar		Marthy ,	4. 7	) <sub>M</sub>	٠. (		
HERE		Date 7-27-10	Enter name of individua				ninistrator	
SIGN	me Are		MARTHA A	. '	AU		mnoualUI	
HERE	Signature of employer/plan sponsor	Date 7-47-10	Enter name of individua	al signi	ng as	employe	r or plan sp	onsor