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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	rt I Annual Report Identi					
For	calendar plan year 2010 or fiscal plar	n year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α.	This return/report is for: \square sin	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	st return/report	final retur	n/report		
	an	amended return/report	short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	rm 5558	automatio	extension		DFVC program
	☐ spe	ecial extension (enter descript	ion)			_
Pa	rt II Basic Plan Information	on—enter all requested inform	nation			
	Name of plan	onto an requested inter	nation		1b	Three-digit
	EBOX TECHNOLOGIES RETIREME	ENT PLAN				plan number
						(PN) •
					1c	·
	Di i i i i i i i i i i i i i i i i i i				26	
	EBOX TECHNOLOGIES, INC.	employer, if for single-employe	er pian)		20	04.0407540
					2c	Plan sponsor's telephone number
	O N.E. 24TH ST., SUITE 100 EVUE, WA 98005					425-968-7910
					2d	Business code (see instructions) 541519
3a	Plan administrator's name and addre	ess (if same as Plan sponsor	enter "Same		3b	
VOIC	EBOX TECHNOLOGIES, INC.	11980 N.E.	24TH ST., \$	SÚITE 100		91-2167512
		BELLEVOL	, WA 90003		3с	
1 1	the name and/or FINI of the plan and	2d Business code (see instructions) e and address (if same as Plan sponsor, enter "Same") INC. 11980 N.E. 24TH ST., SUITE 100 BELLEVUE, WA 98005 3b Administrator's EIN 91-2167512 3c Administrator's telephone number 425-968-7910 4b EIN 4c PN				
				port med for this plan, enter the	40	EIIN
					4c	PN
5a	Total number of participants at the b	eginning of the plan year			5a	80
b	Total number of participants at the e	end of the plan year			5b	85
С				•	F -	47
	<u> </u>					
	,	. ,		,		res 📗 No
b						Yes No
	If you answered "No" to either 6a	or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Information	1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	1378364	1	1813947
b	Total plan liabilities	s for:				
С	Net plan assets (subtract line 7b from	m line 7a)	mg 01/01/2010			
8	Income, Expenses, and Transfers for	or this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable		0-(4)			
	• • • •		` '	297683	3	
	• •			201000		
h	, , , , , , , , , , , , , , , , , , , ,		` '	218870)	
b	,			210076	,	516553
Ч С	, , , , , ,		8C			310000
d		Special extension (enter description) Information				
е	Certain deemed and/or corrective di	stributions (see instructions)	8e			
f	Administrative service providers (sal	laries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f	, and 8g)	8h			80970
i	Net income (loss) (subtract line 8h fr	rom line 8c)	8i			435583
i	Transfers to (from) the plan (see ins	tructions)	Qi			

	Form 5500-SF 2010 Page 2-				
rt	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara E 2G 2J 2K 3D 2T	acteris	tic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cterist	ic Coc	les in t	he instructions:
t	V Compliance Questions				
	During the plan year:		Yes	No	Amount
ì	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		X	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c	X		181395
I	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				·

10f

10g

10h

10i

Χ

8941

Yes

insurance service or other organization that provides some or all of the benefits under the plan? (See

instructions.) Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....

2520.101-3.) 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.....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500))......______ 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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......Month _ Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... C Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **Part VII Plan Terminations and Transfers of Assets**

	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		control		Yes X No
С	c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)			
	which assets or liabilities were transferred. (See instructions.)		13c(3) PN(s)	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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.	07/29/2011	MICHAEL R. KENNEWICK					
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

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2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

			Identification Information	n						
For	calendar	r plan year 2010 or fis	scal plan year beginning		and ending	440.1				
A 7	This retu	rn/report is for:	Single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participa	nt plan		
В	This retu	rn/report is for:	first return/report	final return/	report					
			an amended return/report	short plan y	ear return/report (less than 12 mor	months)				
C	Check bo	ox if filing under:	Form 5558	automatic e	xtension		DFVC progra	m		
		P002-	special extension (enter de	scription)			- sc +32			
Pa	ırt II	Basic Plan Info	rmation—enter all requested	information		,				
1a	Name of					1b	Three-digit			
VOIC	CEBOX T	TECHNOLOGIES RE	TIREMENT PLAN				plan number	001		
						10	(PN) Figure (PN) Figure (PN)			
0-	.			Maria Securior opinia di Linia			01/01/2	005		
		onsor's name and ad FECHNOLOGIES, IN	ldress (employer, if for single-em C.	iployer plan)			Employer Identii (EIN) 91-216	7512		
		4TH ST., SUITE 100	ĭ				425-96	er voeringer		
		WA 98005					Business code (541519	ed effekt filosofie (1.7) (1.000 million filosofie (1.000 million filo		
3a SAM		ministrator's name a	nd address (if same as Plan spo	nsor, enter "Same"			Administrator's I 91-216	7512		
			And the second s			3с	Administrator's t 425-96	elephone number 8-7910		
4 1	f the nan	ne and/or EIN of the	plan sponsor has changed since ther from the last return/report.	the last return/rep	ort filed for this plan, enter the	4b	EIN			
		V-10-10-10-10-10-10-10-10-10-10-10-10-10-		- September 1		4c	PN	10 E		
						5a		80		
						5b		85		
C	Total nu	umber of participants ete this item)	with account balances as of the	e end of the plan ye	ar (defined benefit plans do not	5c		47		
6a					See instructions.)	SCHOOL STATE		Yes No		
	Are you	u claiming a waiver o	of the annual examination and re	port of an independ	ent qualified public accountant (IQ)	PA)				
					ns.) F and must instead use Form 55			Yes No		
Pa	rt III	Financial Infor			and must motodu use i utili 55		-			
7	Plan As	ssets and Liabilities		5.44-63	(a) Beginning of Year		(b) End	of Year		
а	Total pl	lan assets		7a	1378364		1-/ -112	1813947		
b	Total pl	lan liabilities				T				
C	Net pla	ın assets (subtract lin	ne 7b from line 7a)	7с	1378364			1813947		
8	Income	e, Expenses, and Tra	nsfers for this Plan Year	1	(a) Amount		(b) 1	Total .		
а		outions received or re nployers	eceivable from:	8a(1)						
	(2) Pa	rticipants			297683					
	(3) Oth	hers (including rollove	ers)							
b					218870	1				
C	Total in	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				516553		
d			ect rollovers and insurance prem		80970)				
е			rective distributions (see instruct							
f	Admini	istrative service provi	iders (salaries, fees, commissior	ns) 8f		1				
g	Other e	expenses		8g						
h	Total e	expenses (add lines 8	d, 8e, 8f, and 8g)					80970		
i			line 8h from line 8c)					435583		
		at 422 To Teat 20	(see instructions)							

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Form	5500	CE	201	n
FUIII	ออบบ	-01	201	u

 A1	
an Characteristics	

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

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

Part '	Compliance Questions		÷					
10	During the plan year:				Yes	No	A	mount
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)		10a		×		
	Were there any nonexempt transactions with any party-in-interest? (Do			10b		х		
C	Was the plan covered by a fidelity bond?			10c	X	31.52511	A-1-11002	181395
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli			10d		х		
	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.)	benefits under the pla	an? (See	10e	х		: 10417	894
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	vear end.)		10q		х		
200	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 C	FR	10 <u>9</u>		х		71.55
į	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 one o	f the	10ii				
Part '	/I Pension Funding Compliance							X201W
	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes No
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section 4	12 of the Code	or se	ction	302 of I	ERISA?	Yes X 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 ar granting the waiver.		Молt	tions h	, and e	enler th Day		e letter ruling 'ear
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	The state of the s			F	401		*****
	Enter the minimum required contribution for this plan year				-	12b		
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the				····	12c		
	negative amount)			•••••		12d		1 D
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?		•••••			Yes	No N/A
Part				- 828				
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?	****************					Yes X N
	If "Yes," enter the amount of any plan assets that reverted to the empl					13a		· · · · · · · · · · · · · · · · · · ·
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?							Yes X N
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another pla	an(s), identify th	ne pla	ın(s) lo) ———		p
1	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3) PN(s)
					-			
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed uni	less reasonab	le ca	use is	estab	lished.	
SBo	r penalties of perjury and other penalties set forth in the instructions, I s Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.	declare that I have exe s the electronic versio	amined this return/ n of this return/	ım/re repor	port, i t, and	ncludin to the	g, if applicat best of my k	ole, a Schedule nowledge and
SIG	1 My mille	1	MICHAEL R. KI	ENNE	EWIC	<		
HER		Date E	Enter name of in	ndivid	ual sid	ning a	s plan admir	istrator
SIG								
HER		Date E	Enter name of in	ndivid	lual sid	onino a	s employer	or plan sponsor
				-				