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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	,			
	Name of plan	Chief all requested inform	ation		1b	Three-digit
	•	AID EMPLOYEES' PENSION PLAN				plan number 001
						(PN) •
					1c	Effective date of plan
	DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				26	08/01/1979
	Pian sponsor's name and addi NA DESIGN, INC.	ress (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 91-0748162
	, ,				2c	Plan sponsor's telephone number
	BOX 1354 IWOOD, WA 98046					206-948-1232
					2d	Business code (see instructions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN
MAG	NA DESIGN, INC.	P.O. BOX 13	354			91-0748162
		LYNNWOOD	J, WA 9002	+0	3с	Administrator's telephone number
A 14	the name and/or FINI of the ni	on ananor has abanded since the la	at ratura/ra	nort filed for this plan optor the	415	206-948-1232
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	40	EIN
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	58
b	Total number of participants a	t the end of the plan year			5b	57
С	Total number of participants w	rith account balances as of the end o	f the plan y	ear (defined benefit plans do not	_	
	complete this item)				5c	
	•	during the plan year invested in eligib		,		Yes No
D	Are you claiming a waiver of the under 29 CFR 2520 104-462	he annual examination and report of (See instructions on waiver eligibility	an indeper	ident qualified public accountant (IQI	PA)	X Yes ☐ No
		ner 6a or 6b, the plan cannot use F				
Pa	rt III Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	622005	5	627112
b	Total plan liabilities		. 7b	()	0
С	Net plan assets (subtract line	7b from line 7a)	. 7с	622005	5	627112
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece			26386		
	` , , ,		, ,		_	
	.,		` '	(_	
	, ,	5)	` '		_	
b	, ,			11426)	27040
С		8a(2), 8a(3), and 8b)	. 8c			37812
d		rollovers and insurance premiums	8d	23280)	
е		tive distributions (see instructions)		()	
f		rs (salaries, fees, commissions)		()	
g				9425	5	
h	·	8e, 8f, and 8g)				32705
i		e 8h from line 8c)				5107
j		ee instructions)		()	

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
)a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
h		1G 1I 3D	otorio	tio Cor	doo in t	ha inatruationa:				
D	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	iic Coc	ies in t	ne instructions.				
art	t V	Compliance Questions								
0	Duri	ng the plan year:		Yes	No	Amo	unt			
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X					
		ne 10a.)	10b		^					
С	Wa	s the plan covered by a fidelity bond?	10c	X			300	0000		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,								
		rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f		the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did ¹	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ					
h	If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h							
i	If 10	th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art		Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form				
)))				· · · · · · · · · · · · · · · · · · ·	Yes	No		
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?	Yes X	No		
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver					ter ruling r			
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			, -					
b	Ente	r the minimum required contribution for this plan year			12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c					
d		eract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes N	10 01	N/A		
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	<u></u>	<u></u>	13a					
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co			Yes X	No		
С		e PBGC?ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the					169	INU		
J		thing this plan year, any assets of habilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ie piai	1(3) 10						

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

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	09/26/2011	STEPHEN DELOREY
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

_							an attachme	ent to Form	5500 OF			40/04	1/004	^		
			lan year 2010			ar beginning C	01/01/2010				and endi	ng 12/31	/201	U		
	Round off amounts to nearest dollar.															
<u> </u>	Cauti	ion: A	penalty of \$1	,000 will b	e asse	ssed for late filing	of this report	unless reaso	onable ca	use is es	stablishe	d.				
		of pla								Вт	hree-dig	it			004	
MA	GNA	DESIG	SN, INC. HOL	JRLY PAID	EMPL	OYEES' PENSIO	N PLAN			pl	lan numl	oer (PN)		•	001	
										•						
				shown on li	ne 2a	of Form 5500 or 55	500-SF			D En	nployer I	dentificati	on N	umber ((EIN)	
MA	GNA I	DESIC	SN, INC.							91-07	48162					
Ε.	Гуре с	f plan	X Single	Multiple	e-A	Multiple-B	F	Prior year pla	an size: 🛚	100 or	fewer	101-50	00	More t	than 500	
					L			, ,	<u> </u>							
P	art I	В	asic Inforn	nation												
1	Ent	er the	valuation date	e:	Mo	onth <u>01</u>	Day01	Year <u>2</u>	2010							
2	Ass	ets:														
	а	Mark	et value									. 2a				620875
	b	Actu	arial value									. 2b				680562
3	Fun	dina t	arget/participa	ant count b	reakdo	own			(1) N	lumber o	f particir	ants		(2)	Funding Tar	aet
	а	•	0 1 1			iaries receiving pa	vment	3a	(-/-		- p	4		(-/		139296
	b					g pa	,					54				692406
				•	pants.			30				0.				002100
	С	For	active particip					0 - (4)								0
		(1)	Non-vested b	benefits	•••••							_				0
		(2)	Vested bene	fits				3c(2)								0
		(3)	Total active.					. 3c(3)				0				0
	d	Tota	I					3d				58				831702
4	If th	e plar	is at-risk, ch	eck the box	c and c	complete items (a)	and (b)									
	а	Func	ling target die	regarding r	reccri	bed at-risk assump	ntione					. 4a				
	b		0 0	0 0.												
	D					umptions, but disreve ve years and disre						4b				
5	Fffe							•				. 5				6.74 %
6												. 6				0
							•••••					. 0				
		•	Enrolled Actu	•	innlied in	n this schedule and accor	mnanving schedu	iles statements	and attachm	nents if any	is comple	te and accur	ate Fa	ch nrescri	ihed assumption	was applied in
	accorda	ance wit	h applicable law a	nd regulations	. In my o	pinion, each other assun ience under the plan.										
			iei iliy besi estillia	ate or articipat	eu expei	lence under the plan.										
5	SIGN	1														
F	IERI	Ε								_				09/23/2	.011	
				5	Signatu	re of actuary								Date		
GAF	RY A.	MILLE	R											11-026	652	
				Type	or prin	t name of actuary						Most re	cent	enrollm	ent number	
STA	NDAF	RD RE	TIREMENTS			thamb of doldary						11100010		81-756-		
											т-	lanher :				-do)
400	WFS	T CUN	MINGS PAR	K. SUITE		m name					Te	lephone r	numb	er (incli	uding area co	ode)
			01801-6509	, 55112	.000											
					Addre	ss of the firm				_						
	actua		s not fully refl	ected any	regulat	ion or ruling promu	ulgated under	r the statute	ın comple	eting this	schedu	e, check	the b	ox and	see	

age	2-	1	
ayu	_	•	

Pa	art II	Begir	ning of year	carryov	er and prefunding ba	lances						
	•						(a) (Carryover balance	:	(b) F	Prefundir	ng balance
7					cable adjustments (Item 13				0			0
8	Portion	used to	offset prior year's	funding re	quirement (Item 35 from prio	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							38
					rate of6.33 %							2
					year to add to prefunding bala							40
	_		0 0	•	palance							0
12					emed elections				0			0
					+ item 10 + item 11d – item				0			0
	art III		ding percenta	-	The state of the s	,						
											14	81.82 %
											15	81.82 %
					ge						15	01.02 %
16	current year's funding requirement											
17	If the cu	rrent val	ue of the assets of	f the plan	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
P	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contribu	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:						
(N	(a) Date 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount page employer(-	(0	Amour emplo	nt paid by byees
01	/10/2011			24186								
09	9/06/2011			2200								
						Totals ▶	18(b)		26386	18(c)		0
19	Discoun	ted emp	lover contribution	s – see ins	tructions for small plan with	a valuation	date after th	he beginning of the	e year:	I		
					imum required contribution				19a			0
	_				djusted to valuation date				19b			0
					uired contribution for current y				19c			24257
20			outions and liquidi			oai aajaotoa	to valuation		100			
_•					the prior year?				L		X	Yes No
		•	_		stallments for the current yea							Yes No
				•	ete the following table as ap		ory mai				·······	. 00 🔲 140
	∪ 11 ∠0d	10 100,	See manuchons	and comp	Liquidity shortfall as of er		er of this pla	an year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V Assumptio	ons used to determine t	unding target and ta	rget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %		3rd segment: 6.82 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	4
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitute	e
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed act	·		•		· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instr	uctions r	egarding required attac	hment	Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes No
27	1 0	or (and is using) alternative fu	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions	for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus it	em 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		djusted, if applicable (see inst				31	0
32	Amortization installme		,		Outstanding Bala	ance	Installment
		tization installment				117872	24186
	b Waiver amortization	on installment				0	0
33		approved for this plan year, en				33	
34		ment before reflecting carryove				34	24186
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash require	rement (item 34 minus item 35	i)			36	24186
37		ed toward minimum required co	•	•		37	24257
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	71
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	36 over i	tem 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	0

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation	Date:	1/1	/20	10
-----------	-------	-----	-----	----

				Adjusted			
			Adjusted	Prior Year	Adjusted	Effective	Penalty
	Date	Amount	Contribution	Contribution	Quarterly	Rate	Rate
Deposited Contribution	1/10/2011	\$24,186					
Applied to MRC	1/1/2010	2,418	2,262	0	0	6.74	0
Applied to Quarterly Contribution	4/15/2010	5,442	4,921	0	5,442	6.74	11.74
Applied to Quarterly Contribution	7/15/2010	5,442	4,977	0	5,442	6.74	11.74
Applied to Quarterly Contribution	10/15/2010	5,442	5,035	0	5,442	6.74	11.74
Applied to Quarterly Contribution	1/15/2011	5,442	5,090	0	5,442	6.74	0
Deposited Contribution	9/6/2011	\$2,200					
Applied to Additional Contribution	1/1/2010	79	71	0	0	6.74	0
Applied to MRC	1/1/2010	2,121	1,901	0	0	6.74	0
Totals for Deposited Contribution		\$26,386	\$24,257	\$0	\$21,768		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

→	File as an attachme	ent to Form	5500 or	5500-SF.	•						
For calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010		а	nd endin	g	12/	31/2010			
▶ Round off amounts to nearest dollar.											
▶ Caution: A penalty of \$1,000 will be assessed for late	e filing of this report ι	unless reasc	nable ca	use is es	tablished	ł.		·			
A Name of plan				B Th	ree-digit	t					
				pla	an numb	er (PN)	<u> </u>	001			
Magna Design, Inc. Hourly Paid Employees' Pension Plan											
		STOIL PI	ali	D Em	olovor le	lentification	Number	(CINI)			
C Plan sponsor's name as shown on line 2a of Form 550	00 or 5500-5F			D EIII	ployeric	ennicanon	Number	(=114)			
Magna Design, Inc.				91~	07481	162					
E Type of plan: X Single Multiple-A Multiple-E	F F	Prior year pla	ın size: X	100 or 1	fewer	101-500	More	than 500			
Part Basic Information	Fisher windows 3 has published			<u></u>							
1 Enter the valuation date: Month 1	Day1	Year_	2010								
2 Assets:						military, and a second	And Della State of the State of				
a Market value	,,,					2a		620,875			
b Actuarial value	**********************	.,			.,	2b		680,562			
3 Funding target/participant count breakdown			(1) N	lumber of	f particip	ants	(2)	Funding Target			
a For retired participants and beneficiaries recei	ving payment	3a				4		139,296			
b For terminated vested participants		1				54		692,406			
C For active participants:			A COMPANY OF THE COMP					The second secon			
(1) Non-vested benefits	**********	3c(1)				Control of the Contro		0			
(2) Vested benefits						A CONTROL OF THE PARTY OF THE P		0			
(3) Total active				·····		0		0			
d Total						58		831,702			
4 If the plan is at-risk, check the box and complete ite	ms (a) and (b)			П		abering Primari Alignosi Signosi Signosi					
a Funding target disregarding prescribed at-risk						4a	robe to differ and in a setting				
b Funding target reflecting at-risk assumptions, t											
at-risk for fewer than five consecutive years ar						***************************************					
5 Effective interest rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				*******	5		6.74 %			
6 Target normal cost	44 **********************				***********	. 6	· · ···	0			
Statement by Enrolled Actuary					in normalat		Cook areas	thed economists was spalled in			
To the best of my knowledge, the information supplied in this schedule accordance with applicable law and regulations. In my opinion, each of combination, offer my best estimate of anticipated experience under the	her assumption is reasonab	ies, statements ole (taking into a	ccount the	ents, ir arry, experience o	, is completed the plan a	e and accurate ind reasonable	expectations) and such other assumptions, in			
SIGN											
HERE Gary A. Miller						0	9/23/2	:011			
Signature of actua	ry						Date	:= 0			
Gary A. Miller							11-026				
Type or print name of a	•							nent number			
Standard Retirement Services, Inc.							31)756				
Firm name 400 West Cummings Park, Suite 4000)				Tel	ephone nu	mber (incl	uding area code)			
Woburn	MA 018	301-6509	€								
Address of the fir	m			-							
If the actuary has not fully reflected any regulation or rulin	g promulgated under	the statute	in comple	eting this	schedul	e, check the	box and	see \square			
Instructions			•	-							

⊃age 2-	
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Pa	irt II Begir	nning of year	carryove	r and prefunding bala	ances						
1			·····			(a) C	Carryover balance		(b) Pr	efundin	ig balance
7				cable adjustments (Item 13 fr				0			0
8	Portion used to	offset prior year's t	funding req	uirement (Item 35 from prior	year)			0			0
9	Amount remaini	ng (Item 7 minus it	tem 8)					0			0
10	Interest on item	9 using prior year'	s actual ret	urn of <u>2.24</u> %							***************************************
11				to prefunding balance:		Service of the servic			Picker Committee		
	a Excess cont	ributions (Item 38	from prior y	/ear)		Company and a service of the service					38
	b Interest on (a) using prior year'	s effective	rate of <u>6.33</u> %				The second secon			2
				ear to add to prefunding balar		The first spirit of the first part of the first		A Control of the Cont			40
	d Portion of (c) to be added to prefunding balance										
12	2 Reduction in balances due to elections or deemed elections										
13	13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)										0
P	art III Fun	ding percenta	iges			٠.					
L	***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				14	81.82 %
	**		·····							15	81.82 %
to rejected terraing target uncarried percentage										16	77.95 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										%	
his principal	HORI (TORING HORISTONIA)	ntributions an									
Indiana and				ear by employer(s) and empl	ovees:						
	(a) Date	(b) Amount p	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount pai employer(s		(c)	Amour emplo	nt paid by byees
03	1/10/2011		24,186								
09	9/06/2011		2,200								
					······						
		A STATE OF THE PROPERTY OF THE			Totals >	18(b)	2	6,386	18(c)		0
19	Discounted emp	oloyer contributions	s - see inst	tructions for small plan with a	ı valuatior	date after th	ne beginning of the	year:	10 1 - n		
	•	•		imum required contribution fr			l''	19a			0
			•	justed to valuation date			F	19b			0
				· uired contribution for current ye				19c	***************************************		24,257
20		butions and liquidi						900		A straight of the straight of	A CONTROL OF THE PROPERTY OF T
		•	•	he prior year?			*************	.,,,,,,,,,,		X	Yes No
		-		tallments for the current year						П	Yes X No
			•	ete the following table as app							(and all the committee of the committee
	V II AVA IS 183	, 366 113(106)(18	and compr	Liquidity shortfall as of en		ter of this pla	ın year		150000000000000000000000000000000000000	A Property of the Party of the	Action of the second
	(1) 1	st		(2) 2nd			3rd		(-	4) 4th	
								1			

arigitari	alemanicans								
Pa	rt V Assumptio	ns used to determine f	unding target and target	normal cost		<u> </u>			
21	Discount rate:	4-1	T 0-d	Cod an are a sta					
	a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	i i	N/A, full yield curve used			
	b Applicable month				21b	. 4			
22	Weighted average ret	tirement age	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	65			
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pr	escribed - separate	Substitut	е			
Pai	rt VI Miscellane	ous items							
24			uarial assumptions for the curren						
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruction	s regarding required attac	hment	Yes 🗓 No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment	X Yes No			
27		or (and is using) alternative fur	27						
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	s for prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	0			
29			l unpaid minimum required contri		29				
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus item 29)	. 30	0			
Pa	rt VIII Minimum	required contribution	for current year						
31			ructions)		31	0			
32	Amortization installme	ents:		Outstanding Bal	ance	Installment			
	a Net shortfall amort	tization installment	.,,		117,872	24,186			
	b Waiver amortization	on installment	***************************************		0	0			
33			ter the date of the ruling letter gra		33				
34			er/prefunding balances (item 31 +		34	24,186			
			Carryover balance	Prefunding bala	ince	Total balance			
35	Balances used to offs	set funding requirement		0	0	0			
36	Additional cash requi	rement (item 34 minus item 35)	41117774	36	24,186			
37		•	ontribution for current year adjust		37	24,257			
38	Interest-adjusted exc	ess contributions for current ye	ear (see instructions)		. 38	71			
39			ear (excess, if any, of item 36 over			0			
40					40	0			

Schedule SB, line 32 -Schedule of Amortization Bases

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2010 through 12/31/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	78,719	Shortfall	59,706	5	13,141
	01/01/2009	66,029	Shortfall	58,084	6	11,031
	01/01/2010	82	Shortfall	82	7	14
Totals:				\$117,872		\$24,186

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).

0040

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 5500)-SF.					
P	art I Annual Report Identification Information								
	calendar plan year 2010 or fiscal plan year beginning 0	1/01/2	010 and ending		12/31/201	LO			
A	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		ne-participa	int plan			
	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 mor	iths)					
_		•	extension	DFVC program					
C	Check box if filing under: XI Form 5558 Special extension (enter description Special extension Special exte	C C C C C C C C C C C C C C C C C C C							
120712									
wheel vesting	Int I Basic Plan Information—enter all requested information	ation		4 h	Three-digit	<u> </u>			
	Name of plan Magna Design, Inc. Hourly Paid Employees	' Pens	ion	IN	plan number	***			
					(PN) •	001			
	Plan			1c	Effective date o				
					08/01/197				
2a	Plan sponsor's name and address (employer, if for single-employer Magna Design, Inc.	plan)		2b	Employer Identi				
	Magna Design, inc.	÷		20	(EIN) 91-074				
				ZC	(206) 948-	telephone number 1232			
	P.O. Box 1354			2d		(see instructions)			
	Lynnwood		WA 98046		337000				
За	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's	EIN			
			teritoria del como de la composição de la c	20	A				
				SU	Administrator's telephone number				
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN	<u> </u>			
	name, EIN, and the plan number from the last return/report. Sponso		,		*				
				4c	PN				
5a	Total number of participants at the beginning of the plan year		ł	<u>5a</u>		58			
b	Total number of participants at the end of the plan year			5b		5			
C	Total number of participants with account balances as of the end of			5c					
	complete this item)					X Yes No			
oa b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of					В П			
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				,	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.					
Pa	rt III Financial Information	T-20 Common Common Common							
7	Plan Assets and Liabilities	The court of the c	(a) Beginning of Year		(b) End	of Year			
a	Total plan assets	7a	622,00	5		627,112			
b	Total plan liabilities	7b		<u> </u>		(
C	Net plan assets (subtract line 7b from line 7a)	7c	622,00	5		627,112			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) ·	Total			
a	Contributions received or receivable from:		26,38	اے					
	(1) Employers	8a(1)	20,30						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3) 8b	11,42	9					
b	Other income (loss)	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37,812			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	23,28	o	and an examinati				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		o					
g	Other expenses		9,42	5					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					32,70			
i	Net income (loss) (subtract line 8h from line 8c)			Ě		5,10			
j	Transfers to (from) the plan (see instructions)			0					
		. ***	•	E SAME AND	was a real part of providing that any beginning a few parts of the par				

	Form 5500-SF 2010	Pa	ge 2-[]	····	 .					
Pari	V Plan Characteristics									
9a	f the plan provides pension benefits, enter the applicable pension featu	re codes from the	List of Plan Chara	cteris	tic Co	des in	the instru	ictions:	:	
b	1B 1G 1I 3D If the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the L	ist of Plan Chara	cteris	tic Cod	les in t	he instru	ctions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contributions	within the time per	iod described in	40-		х				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include transa	actions reported	10a 10b		x				
c	Was the plan covered by a fidelity bond?		:	10c	х				3.0	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that was o	aused by fraud	10d		х		***************************************		
e	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.)	ersons by an insura benefits under the	ance carrier, plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	· 		10f		х				
α	Did the plan have any participant loans? (If "Yes," enter amount as of			10g		х		·	····	
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	O CFR	10h						
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 on	e of the	101						
Part	Via Pension Funding Compliance							A Sharman Madama, Assam		
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							<u>.</u> 🗵	Yes	No_
12	Is this a defined contribution plan subject to the minimum funding requ		n 412 of the Code	or se	ection 3	302 of	ERISA?	. <u>Ц</u>	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 at	l.) martizad in this als:	n voor een inefni	rtinne	and a	entar fi	n atch ar	fiha lë	ther ruli	'nл
	granting the waiver.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mon	th	, कारत ट	Day		Yea	r	<u>.</u>
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule ME				г		1		·····	
þ	Enter the minimum required contribution for this plan year					126				···
G	Enfer the amount contributed by the employer to the plan for this plan				-	12c		, , ,		
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		****************	,,		12d	Yes	П,	vo T	l n/a
ACCEPTANCE MA	Will the minimum funding amount reported on line 12d be met by the fo	unding deadline?		PF# ****	***		1625	11 '	40	18//4
	Plan Terminations and Transfers of Assets						······			X No
13a	Has a resolution to terminate the plan been adopted during the plan ye				l l	13a	<u> </u>	Ll	162	M 140
	If "Yes," enter the amount of any plan assets that reverted to the emple Were all the plan assets distributed to participants or beneficiaries, trai	oyer inis year osferred to another	olan, or brought	unde	the co		<u> </u>			
	of the PBGC?		************************			**,***		L	Yes	X No
	which assets or liabilities were transferred. (See instructions.)			1		c(2) E	ihi(e)		13c(3)	DM(c)
	3c(1) Name of plan(s):	······		\vdash		U(2) L	114(2)		100(0)	171(3)
								THE PROPERTY OF THE PERSON NAMED IN COLUMN 1		
Caul	ion: A penalty for the late or incomplete filing of this return/report	will be assessed i	unless reasonab	le ca	use is	estab	lished.			
SB 0	r penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, contest and complete.	leclare that I have on the electronic vers	examined this retision of this return.	urn/re /repoi	port, ir t, and	rcludin to the	g, if appl best of m	icable, ıy know	a Sche vledge	edule and
			Thomas A.	C~L	~c. ~					
SIG		Date (1.25-1)						long in to 1		
	Signature opplan administrator	Date 9-75-11	Enter name of in			ning a	s pian ad	mmstr	ator	
SIG			Thomas A.							
HER	Signature of employer/plan sponsor	Date 9-25-11	Enter name of in	ndivid	ual sig	ning a	s employ	er or pl	lan spo	nsor

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date:

1/1/2010

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is Life Annuity Guaranteed for 5 Years

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.03
Segment 2	6 - 20	6.73
Seament 3	> 20	6.82

Pre-Retirement - Mortality Table -

None

Turnover/Disability -Salary Scale -

None None

Expense Load -

None

Ancillary Ben Load -

None

Post-Retirement - Mortality Table -

10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

Asset Valuation Method:

Average value of assets as permitted by IRC 430(g)(3)(B) adjusted for contributions under 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Summary of Plan Provisions

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: Magna Design, Inc.

Type of Entity - C-Corporation

EIN: 91-0748162 TIN: 58-2063686 Plan #: 001

Dates: Effective - 8/1/1979 Year end - 12/31/2010 Valuation -1/1/2010

Eligibility: All employees excluding members of an excluded class

Minimum age - N/A Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65

Early - Attainment of age 60

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Years	7/1/1992 – 9/30/1992	10/1/1992 – 9/30/1999	10/1/1999 – 9/30/2000	10/1/2000 – 9/30/2001	10/1/2001 — 12/31/2006
Monthly Ben per year svce	\$11.00	\$13.00	\$16.00	\$18.00	\$20.00

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Qualified Pre-Retirement Survivor Annuity

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$175,000

Maximum 401(a)(17) compensation -\$220,000

Normal Form: Life Annuity Guaranteed for 5 Years

Optional Forms: Life Annuity

Life Annuity Guaranteed for 5 or 10 Years Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 5 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

 Interest Rates Segment #
 Years
 Rate %

 Segment 1
 0 - 5
 3.13

 Segment 2
 6 - 20
 5.07

 Segment 3
 > 20
 5.50

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Summary of Plan Provisions

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001 For the plan year 1/1/2010 through 12/31/2010

Actuarial Equivalence:

Pre-Retirement - Interest - 6%

Mortality Table - U84 - 1984 Unisex

Post-Retirement - Interest - 6%

Mortality Table - U84 - 1984 Unisex

Schedule SB, line 26 - Schedule of Active Participant Data

Magna Design, Inc.

Hourly Paid Employees' Pension Plan 91-0748162/001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

Years of Credited Service

	Ur	nder 1	1	to 4	5	to 9	10	to 14	15	to 19	20	to 24	25	to 29
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Undan 25														
Under 25														
25 to 29														
30 to 34														
35 to 39														
40 to 44														
45 to 49														
50 to 54														
55 to 59														
60 to 64														
65 to 69														
70 & up														

Years of Credited Service

	30	to 34	35	to 39	40	& up
Attained		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.

Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 70 & up