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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
Α -	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В.	This return/report is for:	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pa	Int II Basic Plan Information—enter all requested information	rtion						
	Name of plan			1b	Three-digit			
	D RETIREMENT PLAN				plan number 001			
					(PN) ▶			
				1c	Effective date of plan 01/01/1998			
2a	Plan sponsor's name and address (employer, if for single-employer)	nlan)		2h	Employer Identification Number			
	AIC SOFTWARE DESIGN	piarij		-5	(EIN) 95-4634695			
0040	4. 400DD DI 40E NE			2c	Plan sponsor's telephone number			
	4 - 183RD PLACE NE DINVILLE, WA 98072			04	425-844-8993			
				20	Business code (see instructions) 812990			
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	e")	3b	Administrator's EIN			
MOS	AIC SOFTWARE DESIGN 20104 - 183R WOODINVILL				95-4634695			
		,		3c	Administrator's telephone number 425-844-8993			
4 1	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor		F,					
				4c 5a				
5a	5a Total number of participants at the beginning of the plan year				1			
b	Total number of participants at the end of the plan year		5b	1				
С	Total number of participants with account balances as of the end of			5c	1			
62	complete this item)				X Yes ☐ No			
b	Are you claiming a waiver of the annual examination and report of a	,						
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		Yes No					
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.				
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End of Year 254609			
	Total plan assets	7a	20000	0	254609			
	Total plan liabilities	7b	25535					
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		15				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-74	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-746			
d	Benefits paid (including direct rollovers and insurance premiums			^				
	to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
į	Net income (loss) (subtract line 8h from line 8c)	8i			-746			
i	Transfers to (from) the plan (see instructions)	Ωi		0				

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

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

art	V Compliance Questions									
0	During the plan year:		Yes	No		Am	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		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X							
С	Was the plan covered by a fidelity bond?	10c		X						
d	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						
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.)	10e		X						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х						
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								
art	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No		
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 E	RISA?		Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	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									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401						
	Enter the minimum required contribution for this plan year		–	12b						
	Enter the amount contributed by the employer to the plan for this plan year			12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)		L	12d	_			_		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A		
art	VII Plan Terminations and Transfers of Assets									
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No		
	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 control of the PBGC?							X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to							
13c(1) Name of plan(s):					13c(2) EIN(s)					
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
Jnde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r f, it is true, correct, and complete.	ırn/rep	ort, in	cluding	, if applic	,				

Filed with authorized/valid electronic signature. 10/17/2011 MARK E. HILL SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date Filed with authorized/valid electronic signature. 10/17/2011 MARK E. HILL SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date

Form 5500-SF

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OMB Nos. 1210-0110 1210-0089

2010

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		identification information				0 /07 /0070					
For	the calendar plan year 2010 o	or fiscal plan year beginning	01/01	/2010 and ending		.2/31/2010					
Α -	This return/report is for:	x single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	first return/report	final return/	report							
		an amended return/report	short plan y	ear return/report (less than 12 n	nonths)						
C	Check box if filing under:	x Form 5558	automatic e	extension		DFVC program					
	•	special extension (enter description	on)								
D,	art II Basic Plan Info	prmation enter all requested inf	ormation								
	Name of plan	omer an requestion in	<u> </u>		1t	Three-digit					
	M S D RETIREMENT PLA	AN				plan number (PN) ►	001				
	M 2 D KETIKEMENI PER				10	Effective date of p	lan				
						01/01/1998	·				
2a	Plan sponsor's name and add	dress (employer, if for single-employer	plan)		2k	2b Employer Identification Number (EIN) 95-4634695					
	MOSAIC SOFTWARE DESI	IGN			20	Plan sponsor's tel					
	20104 - 183RD PLACE	NE				(425) 844-89	•				
***	WOODINVILLE	WA 98072			20	Business code (se 812990	e instructions)				
$\frac{\text{US}}{3a}$		d address (if same as plan employer,	enter "Same")		3t	Administrator's Ell	N				
-	Same		,								
					30	Administrator's tel	ephone number				
4	If the name and/or FIN of the	plan sponsor has changed since the I	ast return/ren/	ort filed for this plan, enter the	41	4b EIN					
4	name, EIN and the plan num	ber from the last return/report. Sponso	r's Name	of this plan, onto the		4c PN					
_			·		. 58						
	· ·	at the beginning of the plan year at the end of the plan year			. 5k		1				
b	Total number of participants v										
_	complete this item)						1				
6a		during the plan year invested in eligible					X Yes No				
b	Are you claiming a waiver of t	the annual examination and report of a (See instructions on waiver eligibility a	an independer and conditions	It qualified public accountant (IC	(PA)		X Yes No				
		her 6a or 6b, the plan cannot use Fo									
Pa	rt III Financial Infor	mation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year				
а	Total plan assets		. 7a	255,3	55		254,609				
b	Total plan liabilities		, 7b		0		0				
С	Net plan assets (subtract line	7b from line 7a)	. 7c	255,3	55		254,609				
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) To	otal				
а	Contributions received or rec	eivable from:			0	The section of					
	(1) Employers		. 8a(1)		0	The state of the s	i de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania				
	(2) Participants (3) Others (including rollover	· · · · · · · · · · · · · · · · · · ·	. 8a(2) . 8a(3)		0	Maria Cara Cara Cara Cara Cara Cara Cara					
b	Other income (loss)	5,	. 8b	(74							
c	Total income(add lines 8a(1),	. 8a(2), 8a(3), and 8b)	. 8c	TRIPLE CARE COMMONS		and the state of t	(746)				
ď		t rollovers and insurance premiums		arrand (
	to provide benefits)		• 8d		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
е	Certain deemed and/or corre	ctive distributions (see instructions) .			<u> </u>	A CONTROL OF THE STATE OF THE S					
f	•	ers (salaries, fees, commissions)			0		的,例如此				
g	Other expenses		· 8g	\$ ************************************	0						
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h				(746)				
j	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i		7.7	and the control of the second	(746)				
<u>j</u>	Transfers to (from) the plan (see instructions)	. 8j		0						

	Form 5500-SF 2010	Page Z-L					
į.	Plan Characteristics						
}a	If the plan provides pension benefits, enter the applicable pension feature codes from the	List of Plan Characte	ristic (Codes in the	instruction	·s:	
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the	list of Plan Characteri	stic C	odes in the i	instructions	:	
	Compliance Questions						
10	During the plan year:			Yes No		Amount	
a			10a	x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progr Were there any nonexempt transactions with any party-in-interest? (Do not include transactions transactions with any party-in-interest?)		10b	x			
C	·		10c	ĸ			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?		10d	х			
e	insurance services or other organization that provides some or all of the benefits under		10e	x			
F	Instructions.) Has the plan failed to provide any benefit when due under the plan?		101	x		777 1944 1 / / / / / / / / / / / / / / / / / /	
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10a	x			
h	•		iog			. Lagrania legis	
	2520.101-3.)		10h	x	and the second		
	If 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3		10i				
	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in 5500))					. Yes XN	do ch
12	is this a defined contribution plan subject to the minimum funding requirements of secti					. Yes X N	40
	(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 p granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	Mon				letter ruling 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 year			- 12c			
d	negative amount)			. 12d			
e	Correl				Yes	No N	A
	Plan Terminations and Transfers of Assets				<u> · · · · · · · · · · · · · · · ·</u>	Yes X N	
l3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year. If "Yes," enter the amount of any plan assets that reverted to the employer this year.			F	T : : :	. []/65 []	
ь					.		
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another					. Yes XN	ю
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	<u> </u>	П	13c(2) i	=HN/+>	13c(3) PN(s)	
	13c(1) Italias di pianto).			tantal .	-114(4)	105(0)1 (40)	
			<u> </u>				
	ion: A penalty for the late or incomplete filling of this return/report will be assessed r penalties of perjury and other penalties set forth in the instructions, I declare that I have					a Schodula	
38 o selie	r Schedule MB completed and signed by an emolled actuary, as well as the electronic ver f, it is true, correct, and complete.						
	Mare 1111 10/17/2011 MARK E. HILL						
1	Signature of plan administrator Date Enter name of individual signing as plan administrator						
3		MARK B. HILI	<u>.</u>				
H	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						