Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries in accord	lance witl	the instructions to the Form 5500	0-SF.	Inspection
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending 0	4/18/20)12
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В -	This return/report is: the first return/report	the final re	eturn/report	_	_
		a short pla	in year return/report (less than 12 mo	onths)	
<u> </u>	H_		extension	ло, Г	DFVC program
C			, exterision	L	_ Di ve piogram
_	special extension (enter description				
	art II Basic Plan Information—enter all requested information	ation		46 -	- 1 1: 1:
	Name of plan PONENT CONCEPTS, INC. 401(K) PROFIT SHARING PLAN & TRU	IST			Three-digit olan number
COIVI	TONENT CONCEPTS, INC. 401(N) TROFT SHARING FEAR & TRO	551			(PN) ▶ 001
				1c	Effective date of plan
					05/01/1998
2a	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)	2b E	Employer Identification Number
COIV	IPONENT CONCEPTS, INC.				EIN) 91-1434680
				2c 3	Sponsor's telephone number
	PINE ST.			0.1	
EVEF	RETT, WA 98201-4536			2a E	Business code (see instructions) 334310
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Como	,")	3h /	Administrator's EIN
	PONENT CONCEPTS, INC. 3229 PINE ST		•)	30 /	91-1434680
	EVERETT, W	A 98201-4	536	3c /	Administrator's telephone number
					425-259-6289
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year				1
b					
	Number of participants with account balances as of the end of the plants			5b	
·	complete this item)	• (•	5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		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
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orin 5500-	SF and must instead use Form 550	JU.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
′ ,	· · · · · · · · · · · · · · · · · · ·	70	(a) Beginning of Year 53534		(b) Elid of Year
a b	Total plan liabilities	7a			
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	53534		0
	·	70			(h) Total
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	6298		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6298
d	Benefits paid (including direct rollovers and insurance premiums		57051		
	to provide benefits)	8d	57051		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g	2781		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			59832
i	Net income (loss) (subtract line 8h from line 8c)	8i			-53534
j	Transfers to (from) the plan (see instructions)	8j			

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Part IV	Plan	Cnara	cteristics

- 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
- 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		Δm	ount	
	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		<u> </u>	ount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					50000
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					2781
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X					
İ	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	X					
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00	011011	0.				ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	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 of negative amount)		[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							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> </u>			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?			ntrol		×	Yes	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 plai	n(s) to			_	_	
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ıse is	establ	ished.			
Inde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cluding	g, if appl	icable,	a Sch	edule

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.	05/08/2012	MARK POTENSKY
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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Р	art I Annual Report Identification Information			10 110 1 01111 0000		
For		01/01/	2012	and ending		04/18/2012
Α	This return/report is for: X a single-employer plan	a multiple	-employer pla	n (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report			_
	an amended return/report	a short pla	an year return	report (less than 12 mg	onths)	
С	Check box if filing under: Form 5558	automatic	extension		[DFVC program
	special extension (enter description	on)				
Pa	art II Basic Plan Information—enter all requested information	ation				
	Name of plan				1b	Three-digit
Cor	mponent Concepts, Inc. 401(k) Profit Shar	ring Pl	an & Tru	st		plan number 001
						(PN) ▶ 001 Effective date of plan
)5/01/1998
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-e	mployer plan)	2b	Employer Identification Number
	mponent Concepts, Inc. 29 Pine St.					(EIN) 91-1434680
32	29 Pine St.					Sponsor's telephone number
17	orott W7 00001 4506					425-259-6289
ьv	erett WA 98201-4536					Business code (see instructions) 334310
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")			Administrator's EIN
32	emponent Concepts, Inc. 29 Pine St.					91-1434680
Ex	rerett WA 98201-4536				3c	Administrator's telephone number 425-259-6289
4				4b		
name, EIN, and the plan number from the last return/report.						
	a Sponsor's name				4c	T
	5a Total number of participants at the beginning of the plan year			5a	12	
 b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit 					5b	0
С	complete this item)				5c	0
	Were all of the plan's assets during the plan year invested in eligib					X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ident qualified	public accountant (IQI	PA)	— — — — — — — — — — — — — — — — — — —
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo					X Yes No
Pa	rt III Financial Information	31111 0000-	or and must	mstead use i oim 55	 	
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
а	Total plan assets	7a		5353	4	0
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c		5353	4	0
8	Income, Expenses, and Transfers for this Plan Year			a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)				
	(2) Participants	8a(2)			-	
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6298
d	Benefits paid (including direct rollovers and insurance premiums					3230
	to provide benefits)	8d		5705	1	
e	Certain deemed and/or corrective distributions (see instructions)	8e			-	
f	Administrative service providers (salaries, fees, commissions)	8f		0.70	1	
g	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g		278	1	
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				59832
i	Net income (loss) (subtract line 8h from line 8c)	8i				-53534
3		8j				

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Part IV	Plan	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

	in the plan provides welfare benefits, enter the applicable welfare fea	iture codes from the	List of Plan Charac	teristi	c Cod	les in t	the instruction	ns:	
Part	V Compliance Questions								***************************************
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ons within the time pliary Correction Prog	eriod described in ram)	10a		Х	<u> </u>	Amount	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include tran	sactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was	caused by fraud	10d		Х			
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					2781			
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 o	of year end.)	-	10g		X			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 2	29 CFR	10h	Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10i	Х				
art	3 1								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	its? (If "Yes," see in	structions and comp	olete S	Sched	ule SE	3 (Form	☐ Yes	П №
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section	on 412 of the Code of	or sec	ction 3	02 of	ERISA?	Yes	
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable to walker of the minimum funding standard for a wine side.	ole.)							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	an year, see instruct	ions,	and e	nter th	e date of the	e letter ru	ling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	/IB (Form 5500), an	d skip to line 13.	-		Day		eal	
b	Enter the minimum required contribution for this plan year				[12b			
С	Enter the amount contributed by the employer to the plan for this plan	n year			Г	12c		110	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mir	nus sign to the left of	f a		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								
13a	Has a resolution to terminate the plan been adopted in any plan year?					X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		13	a				C
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	ansferred to anothe	r plan, or brought ur	nder t	he co	ntrol		X Yes	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	(s) to			_	
1:	3c(1) Name of plan(s):				13c	(2) EII	N(s)	13c(3)	PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonable	caus	e is e	stabli	ished.		
Inder BB or Selief,	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true correct, and complete.	declare that I have as the electronic ver	examined this return sion of this return/re	n/repo eport,	ort, inc and to	cluding the b	g, if applicab est of my kr	le, a Sche owledge	edule and
SIGN		5/2/12	Mark Potens	ку					
HERE		Date	Enter name of ind	ividus	al sign	ina as	nlan admin	strator	
SIGN			IIII	·vidue	. oigii	iiiy as	Pian aumill	SHALUI	
HERE		Date	Enter name of ind	ividua	al sian	ing as	employer o	plan spo	nsor



Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, <u>Inc.</u> to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional Benefit Services</u>, Inc.

Plan Name. Component Concepts, Inc. 401(k) Plan	a & Trust
Signature:	Dated: 5/2/12
Plan Trustee	

NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filing). You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".