## 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

This Form is Open to Public Inspection

	Complete all entries in ac	cordance wit	h the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/	2011	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 mo	onths)			
C	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter descr			ļ			
	<u>`</u>	' '					
	art II Basic Plan Information—enter all requested info	ormation		41-			
	Name of plan RETIREMENT PLAN				Three-digit plan number		
LVS	RETIREMENT PLAN				(PN) ▶	001	
					Effective date of	· plan	
				. •	01/01/		
	Plan sponsor's name and address; include room or suite number / VOLTAGE SYSTEMS INC.	er (employer, if	for a single-employer plan)		Employer Identif		r
LVS					(EIN) 73-17		
				2c	Sponsor's teleph		
	BOX 14215 CREEK, WA 98082			2d	Business code (		c)
	ONLER, WAY SOUDE			Zu	23821		3)
3a	Plan administrator's name and address (if same as plan sponso	r. enter "Same	<u>;")</u>	3b	Administrator's E		
	VOLTAGE SYSTEMS INC. P.O. BOX				73-17	25293	
LVO	MILE ON	-LIX, WA 3000		3c	Administrator's t 425-948		ber
4	If the name and/or EIN of the plan sponsor has changed since t	he last return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			4			
	Sponsor's name			4c	PN T		
ъa	Total number of participants at the beginning of the plan year			5a			(
b	<b>b</b> Total number of participants at the end of the plan year						Ę
С	Number of participants with account balances as of the end of t complete this item)		·	5c			5
6a	Were all of the plan's assets during the plan year invested in el	igible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report	of an indeper	ndent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	•	•			X Yes [	No
_	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information		T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	95340			87730	
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	95340			87730	
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)	8a(3)					
b	Other income (loss)	8b	-2862				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-2862	
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)	s	4744				
е	Certain deemed and/or corrective distributions (see instructions		4				
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4748	
i	Net income (loss) (subtract line 8h from line 8c)					-7610	
;	Transfers to (from) the plan (see instructions)					70.0	
J	Transiers to (nom) the plan (see instructions)	····· 8j					

Form	5500-SE 2011	

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 2T 3D

Page **2** - 1

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

art	Compliance Questions								
	During the plan year:		Yes	No			Amoui	nt	
	Nas there a failure to transmit to the plan any participant contributions within the time period described in	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		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, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	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.)	10g		X					
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	f 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 \	Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Y	'es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (	302 c	f ERIS	SA?	Y	'es	X No
а	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver								
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401					
	Enter the minimum required contribution for this plan year			12b					
d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	f a		12c 12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-			es [	No	П	N/A
art \					<u> </u>				
	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No			
	f "Yes," enter the amount of any plan assets that reverted to the employer this year		- T						
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co				<u> </u>	'es	X No
С	f 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.)							l	_
	c(1) Name of plan(s):		13	c(2) l	EIN(s)		13	c(3) l	PN(s)
auti	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	esta	blishe	d.			
Jnder	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/re	rn/rep	port, ir	ncludi	ng, if a	applicat			

SIGN	Filed with authorized/valid electronic signature.	09/25/2012	CORNELL HUGGINS
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information	,									
(44)	calendar plan year 2011 or fiscal plan year beginning 01/01/201	***************************************		2/31/2	2011						
A ·	his return/report is for: 🗵 a single-employer plan 🔲 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan										
В	s return/report is:										
	an amended return/report	a short pla	n year retum/report (less than 12 mo	onths)							
C	Check box if filing under: X Form 5558	extension		DFVC program							
special extension (enter description)											
Pa	Part II Basic Plan Information—enter all requested information										
1a	Name of plan	1.000		1b	Three-digit						
LVS	RETIREMENT PLAN				plan number						
			ļ	7.	(PN) ▶ 001						
				10	Effective date of plan 01/01/2009						
2a LOW	Plan sponsor's name and address; include room or suite number (er VOLTAGE SYSTEMS INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number						
LVS					(EIN) 73-1725293						
				2c	Sponsor's telephone number						
	BOX 14215 CREEK WA 98082			2d	425-948-4098 Business code (see instructions)						
WILL	ONELN WA 90002			Lu	238210						
3a SAM	Plan administrator's name and address (if same as plan sponsor, er E	nter "Same	")	3b	Administrator's EIN 73-1725293						
				3с	Administrator's telephone number 425-948-4098						
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN						
а	name, EIN, and the plan number from the last return/report.  Sponsor's name	4c	PN								
	Total number of participants at the beginning of the plan year			5a	6						
	Total number of participants at the end of the plan year	5b	5								
С	Number of participants with account balances as of the end of the p complete this item)	lefined benefit plans do not	5c	5							
62	Were all of the plan's assets during the plan year invested in eligible										
b	Are you claiming a waiver of the annual examination and report of a	e assets <i>t</i> an indepen	dent qualified public accounts (IOI	 ⊃Δ\	Yes No						
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes No						
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.							
	rt III Financial Information										
7	Plan Assets and Liabilities	- 4	(a) Beginning of Year		(b) End of Year						
a	Total plan assets	-	95340		87730						
b	Total plan liabilities										
c	Net plan assets (subtract line 7b from line 7a)	7c	95340		87730						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	3	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		-							
	(3) Others (including rollovers)	8a(3)	7000								
b	Other income (loss)	8b	-2862								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-2862						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		4744		2502						
е	Certain deemed and/or corrective distributions (see instructions)	8e	4	-							
f	Administrative service providers (salaries, fees, commissions)										
g	Other expenses			$\exists$							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		***************************************		4748						
i	Net income (loss) (subtract line 8h from line 8c)				-7610						
i	Transfers to (from) the plan (see instructions)		3		.010						

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Form	5500	-SF	201	1

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Par	Part IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	ZE ZG ZJ ZK ZI 3D									
	the plan provides werale benefits, effer the applicable werare reature	e codes from the L	ist of Plan Chara	clerist	c Cod	es in tl	ne instruc	tions:		
Part	V Compliance Questions		=-W		====		2.0			10.00
10	During the plan year:		711		Yes	No		Amo	ount	****
а	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 Progra	m)	10a		×				-
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C										
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	ity bond, that was o	aused by fraud	10d		х				,
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	ersons by an insura	ince carrier,	10e		x				
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 y					X				-
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	) CFR	10g 10h		x		-		•
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10ii						
Part		***************************************		101						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
12										ш.,
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									
lf v	granting the waiverou completed lines 3, 9, and 10 of Schedule MB	/Form 6500) and		th	_	Day .		Yea	r	
	Enter the minimum required contribution for this plan year	S 555	5 <b>2</b> 0		1	12b				
	Enter the amount contributed by the employer to the plan for this plan y				-	12c	••			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a minu	is sign to the left	of a		12d	-11%			
е	Will the minimum funding amount reported on line 12d be met by the fu				1		7 Yes	П	√о Г	N/A
Part		ariding deadline :					163	ш.	10	IN/A
prive stepanose	Has a resolution to terminate the plan been adopted in any plan year?	2007		-	-	Πīν	es XI	Jo.		
8 7 7	If "Yes," enter the amount of any plan assets that reverted to the emplo				3a	<u></u>	69 [V]	40		
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	117.0		100000000000000000000000000000000000000	98101	ntrol		П	Von	
С	100 C 100 M									
1	13c(1) Name of plan(s):					c(2) EII	N(s)		13c(3)	PN(s)
									(-)	(-)
	on: A penalty for the late or incomplete filing of this return/report v									
SB or	r penalties of perjury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have of the electronic vers	examined this return/ sion of this return/	urn/rep report	ort, in , and t	cluding to the b	g, if applic est of my	able, know	a Sche ledge	dule and
SIGI		9/20/2012	CORNELL HUC	3GINS	3			- 180*		
HER	Signature of plan administrator	Date	Enter name of in	ndividu	al sig	ning as	plan adn	ninistra	ator	
SIGI		D-12	F. 1		2.0	Ti brogge				
	Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ıal sigi	ning as	emplove	r or pl	an spo	nsor