Fo	orm 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	partment of the Treasury ternal Revenue Service	This form is required to be filed		nd 4065 of the Employed	е	2012			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1		tions 6057(b) and 6058		This Form is Open to Public Inspection			
	Benefit Guaranty Corporation	Complete all entries in accordate	ance with the instruc	tions to the Form 5500					
Part I		entification Information		and and an 4	0/04/	2010			
	dar plan year 2012 or fisca	· · · · ·			2/31/2				
	eturn/report is for:			an (not multiemployer)		a one-participant plan			
B This re	eturn/report is:		he final return/report						
				/report (less than 12 mo	onths)	—			
C Check	k box if filing under:	╡ └┘	automatic extension			DFVC program			
		special extension (enter description							
Part II		nation—enter all requested informat	lion			I			
1a Name	e of plan VIEW RETIREMENT PLA				1b	Three-digit plan number			
ANTSET		AIN				(PN) ▶ 001			
					1c	Effective date of plan			
						05/15/2009			
	sponsor's name and addre	ess; include room or suite number (en	nployer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 26-4229849			
1031 - 23R	RD AVE. E.				2c	Sponsor's telephone number 206-432-9718			
SEATTLE,	WA 98112				2d	Business code (see instructions) 541990			
3a Plan	administrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
		_	_		0	Administrator's telephone number			
4 If the	aname and/or EIN of the p	lan sponsor has changed since the la	st return/report filed for	r this plan, enter the	4b	EIN			
nam	e, EIN, and the plan numb	er from the last return/report.		· · · · · · · · · · · · · · · · · · ·					
<u> </u>	isor's name				4c				
_		the beginning of the plan year			5a	28			
		the end of the plan year			5b	0			
		count balances as of the end of the pl			5c	0			
		uring the plan year invested in eligible							
		le annual examination and report of a							
		See instructions on waiver eligibility a				X Yes No			
lf yo	ou answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF a	and must instead use	Form	5500.			
Caution:	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	inless reasonable cau	se is	established.			
SB or Sch		r penalties set forth in the instructions, signed by an enrolled actuary, as wel te.							
SIGN	Filed with authorized/va	lid electronic signature.	04/26/2013	SEAN O'DRISCOLL					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employer or plan sponsor			
Preparer		ne, if applicable) and address; include				arer's telephone number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	46094	4			0
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	46094	4			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		11501	_			
(1) Employers	. 8a(1)	11584				
(2) Participants	. 8a(2)	22337		_		
(3) Others (including rollovers)	. 8a(3)	4295		_		
b Other income (loss)	. 8b	6883	8	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		451018
to provide benefits)	. 8d	91196	2			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					911962
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-460944
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare f 						
Part V Compliance Questions				X		
10 During the plan year:	den en de la d	and the second		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	lude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		50000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond,	that was caused by fraud	10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10g		х	
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	g requirements	s of section 412 of the Code	or se	ection :	302 of I	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
a If a waiver of the minimum funding standard for a prior year is bei				, and e		•
granting the waiver.			th		Day	Year
	-	Mon	th		Day .	Year

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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	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.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

For	m 5500-SF	f Small Employ	yee	OMB Nos. 1210-01 1210-00					
	tment of the Treasury nal Revenue Service	This form is required to be file	d 4065 of the Employe	•	2012				
	eparlment of Labor enefits Security Administration	Retirement Income Security Act of	of 1974 (ERISA), and sec al Revenue Code (the Co	tions 6057(b) and 6058	e I(a) of	This Form is Open to Put			
Pension Be	enefil Guaranly Corporation	Complete all entries in acco	rdance with the instruc	tions to the Form 550	00-SF.				
Part I		dentification Information cal plan year beginning 01/01/20	10	and ending 1	0/04/	040			
	ar plan year 2012 or fise	X a single-employer plan			12/31/2	a one-particir			
	urn/report is for:	the first return/report] a multiple-employer pla the final return/report	an (not muniemployer)			bant plan		
	urn/report is:	an amended return/report	a short plan year return	Ireport (less than 12 m	onthel				
	box if filing under:	Form 5558	automatic extension	noport (lobo than 12 hi	onano,	DFVC progra	m		
J Check L		special extension (enter descript	<u></u>						
Part II	Basic Plan Infor	mation-enter all requested inform							
a Name				the standard in the standard	1b	Three-digit			
NT'S EYE	VIEW RETIREMENT F	PLAN				plan number	001		
					10	(PN) Effective date o	1 4405145		
						05/15/2			
a Plan sp NT'S EYE	ponsor's name and add VIEW CORP.	Iress; include room or suite number i	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 26-422			
	A				2c	Sponsor's telep (206) 43			
031 - 23rd					2d	Business code 541990			
eattle, WA	98112								
eattle, WA 3a Plan a	dministrator's name an	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address		Administrator's Administrator's			
3a Plan a	dministrator's name an		_		3c				
3a Plan a 4 If lhe r name	name and/or EIN of the e, EIN, and the plan nur	d address Same as Plan Sponsor plan sponsor has changed since the nber from the last return/report.	_		3c 4b	Administrator's			
 Plan a If lhe r name a Spons 	name and/or EIN of the , EIN, and the plan nur sor's name	plan sponsor has changed since the	e last return/report filed fo		3c 4b	Administrator's	telephone numb		
 Flan a If the r name Spons Total i 	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants	plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	or this plan, enter the	3c 4b 4c 5a	Administrator's EIN PN			
 Figure 1 If the rest of the	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year	e last return/report filed fo	or this plan, enter the	3c 4b 4c 5a 5b	Administrator's EIN PN	telephone numb		
 Figure 1 If the rest of the	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a plete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year	e last return/report filed fo	or this plan, enter the offit plans do not	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone numb		
 Figure 1 If the rest of the	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a blete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the	e last return/report filed fo e plan year (defined bene gible assets? (See instruc	or this plan, enter the fit plans do not	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone numb		
 Figure 1 If the real real spons Spons Total real real real spons Total real real real spons Total real real real spons Total real real spons Total real real spons Total real real spons Total real spons	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a plete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year	e last return/report filed fo e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	or this plan, enter the efit plans do not tions.)	3c 3c 4b 4c 5a 5b 5c 5c	Administrator's EIN PN I	telephone numb X Yes		
 Figure 1 If the range If the range Spons Spons Total range Total range	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants our of participants with a plete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the soduring the plan year invested in elig the annual examination and report of the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car or incomplete filing of this return/r	e last return/report filed fo e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	or this plan, enter the efit plans do not tions.) ed public accountant (IC and must instead use unless reasonable ca	3c 4b 4c 5a 5b 5c 2PA) ₽ Form use is	Administrator's EIN PN	telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compi 6a Were b Are yr under lf you Caution: A Under pen SB or Sche 	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants our of participants with a bete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the socuring the plan year invested in elig the annual examination and report of the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan can or incomplete filing of this return/r her penalties set forth in the instruction of signed by an enrolled actuary, as	e last return/report filed for e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	or this plan, enter the fit plans do not tions.) ed public accountant (IC and must instead use unless reasonable ca examined this return/re	3c 4b 4c 5a 5b 5c 0PA) Form use is sport, i	Administrator's	telephone numb X Yes Yes		
 Figure 1 Figure 2 Fig	name and/or EIN of the a, EIN, and the plan nur sor's name number of participants number of participants number of participants our claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei A penalty for the late of participants of participants	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the socuring the plan year invested in elig the annual examination and report of the annual examination and report of (See instructions on waiver eligibilit ther line 6a or line 6b, the plan can or incomplete filing of this return/r her penalties set forth in the instruction of signed by an enrolled actuary, as	e last return/report filed for e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	or this plan, enter the efit plans do not tions.) and public accountant (IC and must instead use unless reasonable ca examined this return/repor	3c 4b 4c 5a 5b 5c 0PA) Form use is sport, i	Administrator's	telephone numb X Yes Yes		
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 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are yr under lf you Caution: A Under pen SB or Sche belief, it is SIGN HERE 	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants our of participants with a bete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the s during the plan year invested in elig the annual examination and report of 2 (See instructions on waiver eligibilit ther line 6a or line 6b, the plan can or incomplete filing of this return/r her penalties set forth in the instruction d signed by an enrolled actuary, as obtet.	e last return/report filed for e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	er this plan, enter the efft plans do not tions.) and must instead use unless reasonable ca examined this return/repor	3c 4b 4c 5a 5b 5c 5c 2PA) e Form use is sport, i t, and	Administrator's	telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are yr under b Are yr under b Are yr under b Are yr under f you Caution: A Under pen SB or Sche belief, it is SIGN HERE 	name and/or EIN of the e, EIN, and the plan nur- sor's name number of participants number of participants number of participants our of participants with a blete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the s during the plan year invested in elig the annual examination and report of ? (See instructions on waiver eligibilit ther line 6a or line 6b, the plan can or incomplete filing of this return/r her penalties set forth in the instruction d signed by an enrolled actuary, as obtet.	e last return/report filed for e plan year (defined bene gible assets? (See instruct of an independent qualifie ty and conditions.)	or this plan, enter the effit plans do not tions.) ad public accountant (IC and must instead use unless reasonable ca examined this return/report of this return/report Enter name of individ Enter name of individ	4b 4c 5a 5b 5c 5c 2PA) 5c 2PA) 5 c 2PA) 4 c 4 use is sport, i 4 c 4 c 5 c 4 c 5 c 5 c 2 c 4 c 5 c 5 c 2 c 4 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5	Administrator's EIN PN Solution Solution Established. Including, if applic to the best of my Column as plan ad gning as plan ad gning as employ	telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are yr under b Are yr under b Are yr under b Are yr under f you Caution: A Under pen SB or Sche belief, it is SIGN HERE 	name and/or EIN of the e, EIN, and the plan nur- sor's name number of participants number of participants number of participants our of participants with a blete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the so during the plan year invested in elig the annual examination and report of P (See instructions on waiver eligibilit ther line 6a or line 6b, the plan can or incomplete filing of this return/r her penalties set forth in the instruction d signed by an enrolled actuary, as olete.	e last return/report filed for e plan year (defined bene gible assets? (See instruct of an independent qualifie ty and conditions.)	or this plan, enter the effit plans do not tions.) ad public accountant (IC and must instead use unless reasonable ca examined this return/report of this return/report Enter name of individ Enter name of individ	4b 4c 5a 5b 5c 5c 2PA) 5c 2PA) 5 c 2PA) 4 c 4 use is sport, i 4 c 4 c 5 c 4 c 5 c 5 c 2 c 4 c 5 c 5 c 2 c 4 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5	Administrator's EIN PN Solution Solution Established. Including, if applie to the best of my C	telephone numb		

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Page 2

Pa	t III Financial Information										-
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End	d of Y	ear		
а	Total plan assets	7a	460944			10-10-10-20			0		
b	Total plan liabilities	7b									46
C	Net plan assets (subtract line 7b from line 7a)	7c	460944						0		
8	Income, Expenses, and Transfers for this Plan Year	- 1 C	(a) Amount				(b)	Total			
а	Contributions received or receivable from:	9-(4)	445047		1						
	(1) Employers	8a(1)	115847		- Caning	-					-
	(2) Participants	<u>8a(2)</u> 8a(3)	42959		1					- 6.3	
	(3) Others (including rollovers) Other income (loss)	8b	68838		1			-			-
10000	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	00030	,					54040		-
d	Benefits paid (including direct rollovers and insurance premiums	00						4	51018		
M	to provide benefits)	8d	911962	2						de la comp	
e	Certain deemed and/or corrective distributions (see instructions)	8e							0.410.64		-
f	Administrative service providers (salaries, fees, commissions)	8f			_						-
g	Olher expenses	8g									_
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							911962		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			-	460944		_
j	Transfers to (from) the plan (see instructions)	8j							1		2
	rt IV Plan Characteristics	-						_			_
9a	If the plan provides pension benefits, enter the applicable pension	fealure co	des from the List of Plan Chara	acteris	tic Co	des in	lhe instr	uction	s:		
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	deristi	c Cod	es in th	e instru	clions			
M											
Pa	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
6	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)			10a		x	•				
I	Were there any nonexempt transactions with any party-in-interest on line 10a.)	l? (Do nol	include transactions reported	10b		x					
	Was the plan covered by a fidelity bond?			10c	х					50000	0
(Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x					
1	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all	her persor of the ben	ns by an insurance carrier, efits under the plan? (See			ł					
-	instructions.)			10e		X					_
1	Has the plan failed to provide any benefit when due under the pla	an?	******	10f		Х	-				
	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		х	n tetalos de				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x					
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require)1-3	d notice or one of the	10i							S.
Pa	t VI Pension Funding Compliance										
11								ſ	Yes	Π Ν	0
- 11	a Enter the amount from Schedule SB line 39					11a		<u></u>			-
12							FRISAZ	Ī	Yes		0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				GUUII		LINGA!	••	1.00		491
	 (If Yes, complete line 12a of lines 12b, 12b, 12b, and 12e below If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	ing amorti	zed in this plan year, see instru		, and	enter ti Dav	ne date o	of the l Ye		ling	
	graning the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedu					Day		- 16			-
	b Enter the minimum required contribution for this plan year			V		12b					_

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C Enter the amount contributed by the employer to the plan for this plan year	12	c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	1 14	d	-	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	s 🗍 No	N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?		ol	X Yes	6 🗌 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to			
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3	8) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14t	Trust's E	IN	