## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		• •	► Complete all entries in a	accordance with the instru	ictions to the Form 550	0-SF.					
	art I		Identification Information	n							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/0	1/2013	and ending (	)4/30/2	2013				
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan					
В	This retu	urn/report is:	the first return/report	the final return/report	t						
			an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)					
С	Check b	oox if filing under:			DFVC progra	ım					
			special extension (enter des	cription)							
Pa	art II	Basic Plan Info	rmation—enter all requested i	nformation							
	Name of	•				1b	Three-digit				
ORC	A PHOT	ONIC SYSTEMS, INC	C. 401(K) PLAN				plan number (PN) ▶	001			
						10					
						1c Effective date of plan 01/01/2001					
			dress; include room or suite num	ber (employer, if for a single	e-employer plan)	2b	Employer Identit	fication Number			
ORC	A PHO	FONIC SYSTEMS, INC	C.				(EIN) 91-15	87604			
						2c	Sponsor's telep				
		95TH ST. WA 98052					425-702				
KED	MOND,	WA 96052				2d	see instructions)				
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spor	nsor Name Same as Pla	an Sponsor Address	334500 <b>3b</b> Administrator's EIN					
						7 Administrator o Env					
						3с	Administrator's t	telephone number			
4	If the n	the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the  4b EIN									
4			nber from the last return/report.	e the last return/report filed	ior this plan, enter the	4b EIN					
а		or's name	·			4c	PN				
5a	Total n	number of participants	at the beginning of the plan year			5a	à .				
b	Total n	number of participants	at the end of the plan year			5b		0			
С			account balances as of the end o		•	5c					
62			s during the plan year invested in				1	X Yes No			
b		•	the annual examination and rep	•	•						
	under	29 CFR 2520.104-46?	? (See instructions on waiver elig	ibility and conditions.)				X Yes No			
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	F and must instead use	Form	5500.				
Cau	ution: A	penalty for the late of	or incomplete filing of this retu	rn/report will be assessed	l unless reasonable cau	ıse is	established.				
			her penalties set forth in the instr								
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, plete	as well as the electronic ve	ersion of this return/repor	t, and	to the best of my	knowledge and			
	,			<u> </u>	1						
SIG		Filed with authorized/	valid electronic signature.	05/09/2013	STEPHEN E. MOODY	1					
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIG											
HEI	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor			
Pre	parer's ı	name (including firm n	ame, if applicable) and address;	include room or suite numb	er (optional)	Prep	arer's telephone	number (optional)			

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	rt III   Financial Information		I		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year					
	Total plan assets	7a	47685	6								
	Total plan liabilities	7b	.=					—				
	Net plan assets (subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·							0	—		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal				
а	Contributions received or receivable from:  (1) Employers	8a(1)	15									
	(2) Participants	8a(2)	61	9								
	(3) Others (including rollovers)											
b	Other income (loss)	8a(3) 8b	2068	80								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2.	1454	_		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49831	0								
е	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						49	8310			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-47	6856			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt 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											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:				
Par	t V Compliance Questions	Compliance Questions										
10	During the plan year:				Yes	No		Amou	nt			
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
	Was the plan covered by a fidelity bond?			10c	X					1050	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				930	<u> </u>	
	Were any fees or commissions paid to any brokers, agents, or oth			100								
C	insurance service or other organization that provides some or all of					V						
	instructions.)			10e		X						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the 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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 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						ERISA?	Π,	Yes	X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e lette Year _	er ruli	ng		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule											
b	Enter the minimum required contribution for this plan year					12b						

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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	res No	0					
	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 of the PBGC?	control	I 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(s which assets or liabilities were transferred. (See instructions.)	) to		_					
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)				
Part	VIII Trust Information (optional)								

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefil 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	2 (12)	717.								
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/20	13	and ending	04/30/	2013						
A This ret	ium/report is for: X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan						
	turn/report is: the first return/report	i	a one-participant plan								
	an amended return/report	1	alreport (loss than 12 -								
C Chock !	box if filing under: Form 5558	meport (less than 12 if	ionins								
O Check i		automatic extension		☐ DFVC program							
special extension (enter description)											
Part II	Basic Plan Information—enter all requested inform	ation									
1a Name	Tall (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1b	Three-digit						
UNUA PHU	TONIC SYSTEMS, INC. 401(k) PLAN		plan number (PN) 001								
				10	Effective date of plan						
No. 10				1.0	01/01/2001						
2a Plan s	ponsor's name and address; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identification Number						
ORCA PHO	TONIC SYSTEMS, INC.				(EIN) 91-1587604						
				2c Sponsor's telephone number							
14797 N.E.	95TH ST.				(425) 702-8706						
DEDLIGUE	WA 8885			2d	Business code (see instructions)						
REDMOND  3a Plan a	. WA 98052 dministrator's name and address XSame as Plan Sponsor I	Name Down D		ļ.,	334500						
ou man a	Commission of Hame and address Moanie as Flan Sponsor	varrie Usame as Plan	Sponsor Address	3b	Administrator's EIN						
				3c	Administrator's telephone number						
			, termination a telephone flumber								
A 15 th											
4 If the r	name and/or EIN of the plan sponsor has changed since the , EIN, and the plan number from the last return/report.	last return/report filed fo	r this plan, enter the	4b	EIN						
a Sponse	A SA SAN AND SERVICE SERVICES AND SERVICES A			4c	DN						
5a Total r	number of participants at the beginning of the plan year		W	5a							
	number of participants at the end of the plan year			- Ou	5						
	er of participants with account balances as of the end of the			5b	0						
compl	ete this item)	pian year (delined bene	iii pians do not	5c	0						
6a Were	all of the plan's assets during the plan year invested in eligit	ole assets? (See instruct	tions.)		X Yes No						
<b>D</b> Are yo	ou claiming a waiver of the annual examination and report of	an independent qualifie	d public accountant (IO	DAY							
under	29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)		2 200 <b>0</b> 00	X Yes No						
	answered "No" to either line 6a or line 6b, the plan cann										
Caution: A	penalty for the late or incomplete filing of this return/re	port will be assessed a	unless reasonable cau	use is	established.						
SB or Sche	alties of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we have correct and demplete.	is, I declare that I have e	examined this return/rep	port, in	cluding, if applicable, a Schedule						
belief, it is t	true, correct and complete.	/	sion or this return/report	t, and t	to the best of my knowledge and						
O.C.	1//	<del></del>	<del> </del>	7	1, 1						
SIGN HERE	× · · ·	13/3/7	1 Stephen	E.1	Youd						
	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan administrator						
SIGN		100000000000000000000000000000000000000									
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual sig	ning as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address; include	de room or suite number	(optional)	Prep	arer's telephone number (optional)						
				g) - 83							
					200						

Pa	rt III   Financial Information	58-53							Star	
_7_	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Y	ear	
a	Total plan assets	7a							0	1
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c	47685	6					0	<del></del>
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(h)	Total		*
a	Contributions received or receivable from: (1) Employers	15	5				rotar			
	(2) Participants	8a(2)	61	9						
	(3) Others (including rollovers)						*******			
b	Other income (loss)	10								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20010			21454	
d	Benefits paid (including direct rollovers and insurance premiums						1000		<u> </u>	
	to provide benefits)	8d	49831	0						
<del>t</del>	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f			+					
<u>g</u>	Other expenses	8g								
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				_			4	98310	
	Net income (loss) (subtract line 8h from line 8c)	8i						-4	76856	
<del></del>	Transfers to (from) the plan (see instructions)	8j					v			
-	rt IV   Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	uctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	asture cod	os from the Lint of Dies Char-							
2000	The plant pre-mate weeker 2 2 miles and 2 2 philosopic wellare to	sature cou	es nom the List of Flam Chara	clerisi	ic Cod	es in i	ne instruc	tions:		
Par	t V Compliance Questions						50			
10	During the plan year:				Yes	No		Amo		
a	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)					X		Ame	Junt	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a 10b		x				
	Was the plan covered by a fidelity bond?			10c	х					195000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х				50000
е	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	,	х	122		7000	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		×	13-54MIN			
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х			-	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instru	uctions and 29 CFR	10h		×				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i						
Pari				101	3100			-	-	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	(Form	Īπ	Yes	∏ No
11a	Enter the amount from Schedule SB line 39					11a		لللا		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	П	Yes	V No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							IA
a	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.  Month Day Year							ng		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				[	12b				

المسالمين المنا	Form 5500-SF 2012 Page <b>3</b> - 1						
	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					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	□ N/	Α
Part	VII Plan Terminations and Transfers of Assets		1000				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. x	Yes	1	lo		Tell
2	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	T			0	_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro	1		X Ye		No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)					<u> </u>	
1	3c(1) Name of plan(s):	3c(2)	EIN(s	)	13c	(3) PN(s	5)
Part	VIII Trust Information (optional)						
14a	Name of trust	14b	Trust	's EIN			