For	Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB No		0-0110 0-0089	
Department of the Treasury Internal Revenue Service						2012				
De	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is Open to Public			ublic	
Pension Be	nefit Guaranty Corporation	Complete all entries in according	,	,)-SF.	Ins	pectio	n		
Part I		entification Information								
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/20	12	and ending 1	2/31/2	2012				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant pla	in		
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths))				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program				
		special extension (enter descript	 ion)							
Part II	Basic Plan Inform	nation—enter all requested inforr	nation							
1a Name					1b	Three-digit				
BOXLIGHT 4	01(K) PLAN					plan number		004		
					10	(PN) ►	-	001		
					IC	Effective date of 01/01/	•			
2a Plan sp BOXLIGHT,		ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 26-45	ication	Numb	er	
					2c	Sponsor's telep 360-464	hone nu	umber	,	
PO BOX 260 BELFAIR, W					2d	Business code (33431	see ins	tructio	ins)	
3a Plan ar	Aministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3h	Administrator's I	-			
				Sponsor Address	50	Administrator 3 I				
		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN				
a Sponso		·			4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a				10	
b Total r	number of participants at	the end of the plan year			5b				11	
		count balances as of the end of the			-				10	
					5c			<u>, г</u>	10	
		uring the plan year invested in elig e annual examination and report o					X	Yes	No	
		See instructions on waiver eligibility					×	Yes	No	
		er line 6a or line 6b, the plan can							-	
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	se is	established.				
SB or Sche		r penalties set forth in the instructic signed by an enrolled actuary, as v te.								
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2013	HANK NANCE						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrat	tor		
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2013	HANK NANCE						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	individual signing as employer or plan spons				nsor	
Preparer's		ne, if applicable) and address; inclu				parer's telephone				

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	1957				46545
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1957	3			46545
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)	2247	7			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	449	5			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					26972
d Benefits paid (including direct rollovers and insurance premiums	8d					
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)						
-	8e					
 f Administrative service providers (salaries, fees, commissions) c Other expenses 	8f					
g Other expenses (add lines of so of and or)	8g			_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
Net income (loss) (subtract line 8h from line 8c)	8i			_		26972
J Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j					
2F 2J b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Cod	es in th	e instructions:
				Vee	Na	• •
10 During the plan year:a Was there a failure to transmit to the plan any participant contribut	tions within th	he time period described in		Yes	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciany Corroc					
	-		10a		X	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10a 10b		x x	
b Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported		X		30000
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b	X		30000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	? (Do not inc fidelity bond, ner persons b of the benefits	lude transactions reported , that was caused by fraud , y an insurance carrier, s under the plan? (See	10b 10c	X	X	30000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all communication. 	? (Do not inc fidelity bond, her persons b of the benefits	lude transactions reported that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d	X	× ×	30000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 	? (Do not inc fidelity bond, her persons b of the benefits n?	lude transactions reported , that was caused by fraud ny an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	×	x x x x	30000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (If the plan have any participant plan) 	? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instructi	lude transactions reported that was caused by fraud an insurance carrier, s under the plan? (See l.)	10b 10c 10d 10e 10f 10g	×	x x x x x	30000
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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 	? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction he required n	lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10b 10c 10d 10e 10f 10g	×	x x x x x x x	30000
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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at provide the plan the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at plan the plan have any participant loans? (If "Yes," enter amount at the plan the plan have any participant loans? (If "Yes," enter amount at the plan the plan have any participant loans? (If "Yes," enter amount at the plan the plan have any participant loans? (If "Yes," enter amount at the plan the plan have any participant loans? (If "Yes," enter amount at the sceptions to providing the notice applied under 29 CFR 2520.10" 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. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, 	? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction he required n 1-3	lude transactions reported , that was caused by fraud , that was caused by	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X X X Ule SB Ule SB	(Form Yes X No RISA? Yes X No
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	? (Do not inc fidelity bond, ner persons b of the benefits n? s of year end (See instruction required n 1-3 ents? (If "Yes requirements as applicabling amortized e MB (Form	lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	Schec	X X X X X X X Ule SB Ule SB	(Form Yes X No RISA? Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re B	eturn/Report enefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be filed	This form is required to be filed under sections 104 and 4065 of the Employee						
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interna	1974 (ERISA), and I Revenue Code (the		B(a) of	This Form is Open to Pub			
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instr	uctions to the Form 550	0-SF.		nspection		
Part I Annual Report Ic For calendar plan year 2012 or fisca	dentification Information	01/01/0010						
		01/01/2012	and ending	12	2/31/2012	······································		
			olan (not multiemployer)	L	a one-partic	ipant plan		
B This return/report is:		the final return/repor						
	5 <u> </u>		im/report (less than 12 m	ionths)	~~~			
C Check box if filing under:	루	automatic extension		l	DFVC progr	am		
	special extension (enter description	,						
Part II Basic Plan Inform 1a Name of plan	mation enter all requested inform	nation				r		
·					Three-digit plan number			
Boxlight 401(k) Plan					(PN) ►	001		
					Effective date of			
2a Plan sponsor's name and addr	ess; include room or suite number (en	nplover, if for a single	-employer plan)	1	01/01/2011 Employer Iden	lification Number		
Boxlight, Inc.		, . , . ,		1	(EIN) 26-45			
				2c	Sponsor's telep	hone number		
PO Box 2609					(360) 464-			
						(see instructions)		
US Belfair 3a Plan administrator's name and	WA 98528 address X Same as Plan Sponsor		<u> </u>		334310			
	autress [] Same as Plan Sponsor	Name Same as	Plan Sponsor Address	30	Administrator's	EIN		
				JC .	Administrator's	telephone number		
4 If the name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b	EIN			
name, EIN, and the plan numb	er from the last return/report.							
a Sponsor's name				<u>4c</u>	PN			
b Total number of participants at	the beginning of the plan year	***********	******************************	5a 5b		10		
C Number of participants with acc	count balances as of the end of the pla	an vear (defined ben	fit plans do not	50		11		
complete this item)			********	5c		10		
	ring the plan year invested in eligible				*****	XYes No		
b Are you claiming a waiver of the	e annual examination and report of an		•					
	See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot					X Yes No		
	incomplete filing of this return/repo							
Under penalties of perius and one	r penalties set forth in the instructions	declare that I have	unless reasonable cau	SO IS O	stablished.			
SB or Schedule MB completer and	signed by an enrolled actuary, as well	as the electronic ve	rsion of this return/report.	, and to	the best of my	able, a Schedule knowledge and		
belief, it is true, correct, and comple	ete.		·					
SIGN 4	· · · · · · · · · · · · · · · · · · ·		Hank Nance					
HERE Signature of plan admini	istrator	Date 6/14/2013	Enter name of individua	l signin	g as plan admii	nistrator		
SIGN								
HERE Signature of employer/pl		Date	Enter name of individua	l signin	g as employer (or plan sponsor		
Preparer's name (including firm nan	ne, if applicable) and address; include	room or suite numbe	er (optional)			number (optional)		
				1. 1. 1. 1. 1.	Children and Chi			
					Section and	and the second sec		
For Paperwork Reduction Act No.	tico and OMP Control Number	the lucture t	- Fame (1994)	and the second		and the second second		
· · · · uper work reduction Act NO	tice and OMB Control Numbers, see	# une instructions fo	r Form 5500-SF.		Fo	orm 5500-SF (2012)		

v.120126

Page **2**

	Plan Assets and Liabilities	Stand Land	(a) Beginning of Year	•			(b) End	of Year	
<u>a</u> 1	otal plan assets	7a	19,5	73				46,54	45
b T	otal plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·						
	let plan assets (subtract line 7b from line 7a)	7c	19,5	73				46,54	45
	ncome, Expenses, and Transfers for this Plan Year	12/4/2	(a) Amount				(b) T		
	Contributions received or receivable from: 1) Employers	0-(4)			555	State of	200	the lite	F.G.
	2) Participants	8a(1)	22 47		Sec. 7	States -	a total	The second second	Lagona -
	3) Others (including rollovers)	8a(2)	22,4		1	- Start	100 Martin	ALCONTRACTOR	
	ther income (loss)	8a(3) 8b			Contraction of the local distribution of the	COLUMNES 2014	14 - 14 - 71 - 71 - 71 - 71 - 71 - 71 -		2003
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4,49	30	2.112	1992.00	Male allowed		Lar.
d B	enefits paid (including direct rollovers and insurance premiums	8d			10			26,97	12
	ertain deemed and/or corrective distributions (see instructions)	8e			and the second	and the	at state	Sent of the sent of the	1120
fΑ	dministrative service providers (salaries, fees, commissions)	8f			12/38	1.27	a finisti	The California	272
	ther expenses	8g			121	REAL	-	Deside Street	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	MAN A STATISTICS	101	2	-	No. I Statement	and the second second	0.00
-	et income (loss) (subtract line 8h from line 8c)	81	A STATE OF THE STATE	THE REAL				26,97	12
122	ransfers to (from) the plan (see instructions)	81		and the second second	1-20	10000			2.00
	t IV Plan Characteristics					100	1400 2000	of the second second	5.0
· · · · · · · · · · · · · · · · · · ·									
-			······································		·····				
	During the plan year:				Yes	No		Amount	
0 a	During the plan year: Was there a failure to transmit to the plan any participant contribution	ons within th	e time period described in	10a	Yes			Amount	
0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest?	ary Correctic (Do not inclu	on Program)	10a 10b	Yes	No X		Amount	
0 a b	During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ary Correctic (Do not inclu	on Program) ude transactions reported	10a 10b 10c	Yes	x			. 00
0 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	ary Correctio (Do not inclu delity bond, t	on Program) ude transactions reported	10b		x			,00
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Form 5500-SF 2012		
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C	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?		Yes No N/A
Part	VII Plan Terminations and Transfers of Assets		
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		es 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 co of the PBGC?	ontrol	
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	<u></u>	
1	3c(1) Name of plan(s): 13c	:(2) EIN(s) 13c(3) PN(s)
10000			
Part	VIII Trust Information (optional)		

14a Name of trust

14b Trust's EIN