#### 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	<b>Identification Information</b>							
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012			
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan		
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1		DFVC progra	ım		
	-	special extension (enter descr	ription)			_			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name		enter an requested in	omiation		1b	Three-digit			
		PAID EMPLOYEES' PENSION PLA	۸N			plan number			
						(PN) <b>•</b>	001		
					1c	C Effective date of plan			
						08/01	/1979		
<b>2a</b> Plan s MAGNA DE		dress; include room or suite number	er (employer, if for a sing	e-employer plan)	2b	Employer Identi (EIN) 91-07	fication Number 48162		
					2c	Sponsor's telep	hone number		
4924 136TH	I PLACE SE		206-94						
	, WA 98006-3459				2d	Business code (	see instructions)		
<b>3a</b> Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as P	an Sponsor Address	3b	Administrator's			
			<u> </u>						
					3с	Administrator's	telephone number		
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last return/report files	for this plan, optor the	4h	FINI			
		mber from the last return/report.	ine iast return/report met	nor this plan, enter the	40	EIN			
	or's name				4c	PN			
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		56		
<b>b</b> Total	number of participants	at the end of the plan year			5b		56		
		account balances as of the end of t			35				
			. , ,	•	5c				
<b>6a</b> Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instr	uctions.)			X Yes No		
_	·	f the annual examination and repor	•	, , , , , , , , , , , , , , , , , , ,					
		? (See instructions on waiver eligib	•				X Yes No		
If you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this returr	/report will be assesse	d unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruc							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/report	i, and	to the best of my	knowledge and		
DOILOT, IC IO	rac, correct, and com			1					
SIGN	Filed with authorized	valid electronic signature.	07/11/2013	STEPHEN DELOREY					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	r or plan sponsor		
Preparer's		name, if applicable) and address; in	clude room or suite num				number (optional)		

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Pai	t III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		_
a	Total plan assets	7a	67066				(2) =::0		63858	4	_
	Total plan liabilities	7b		0						0	_
	Net plan assets (subtract line 7b from line 7a)	7c	67066					(	63858	4	_
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1				_
	Contributions received or receivable from:		(a) / into ant				(2)	otu.			Ī
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	147	<b>'</b> 5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							147	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	1020	5							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3355	5	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-3208	0	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1B 1G 1I 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	S:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	Part V Compliance Questions										
10	During the plan year:			1	Yes	No		Δm	ount		_
a				10a		X		7 (111)			
b		? (Do not	include transactions reported	10b		Х					_
С	·			10c		X					_
d	<u> </u>			100							-
	or dishonesty?			10d		X					_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See			X					
	instructions.)			10e							_
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 e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i							
Part	VI Pension Funding Compliance										Ī
11											
112	Enter the amount from Schedule SB line 39					11a				50661	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ГГ	Yes	$\overline{}$	
14	• • • • • • • • • • • • • • • • • • • •	•		, UI SE	ouon d	JUZ UI	LINIOM!		. 03		_
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	_
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule					Day		Yea	u		_
	Enter the minimum required contribution for this plan year	•				12b					_
n	Filler the minimum reducted common an any oran vest										

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			1	
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		
<u>e</u>	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?		Yes 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 of the PBGC?	control		Yes X 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	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

#### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For	calendar	plan year 201	12 or fiscal plan	year beginning	01/01/201	2				and end	ing 12/	31/2012			
•	Round of	ff amounts to	nearest dollar	·											
•	Caution:	A penalty of \$	1,000 will be as	sessed for late fil	ing of this rep	oort u	nless reasc	nable ca	ause is	establish	ed.				
	lame of p								В	Three-di	git			001	
MA	SNA DES	SIGN, INC. HC	OURLY PAID EN	IPLOYEES' PEN	SION PLAN					plan nun	nber (PN)	•		001	
C F	lan spons	sor's name as	shown on line 2	2a of Form 5500 o	or 5500-SF				D E	Employer	Identifica	tion Nun	nber (E	EIN)	
MAG	SNA DES	IGN, INC.								0748162					
Ет	ype of pla	n: X Single	Multiple-A	Multiple-B		<b>F</b> P	rior year pla	n size: 🔀	100 (	or fewer	101-5	000 N	More th	an 500	
Pa	rt I E	Basic Infor	mation												
1	Enter th	e valuation da	ate:	Month 01	Day0	1	Year 2	.012	_						
2	Assets:														
	<b>a</b> Marke	et value									2a				667826
	<b>b</b> Actua	rial value									2b				694314
3	Funding	target/partici	pant count brea	kdown:		-		<b>(1)</b> N	lumber	of partic	ipants		<b>(2)</b> F	unding Ta	arget
	<b>a</b> For re	tired participa	ants and benefic	iaries receiving pa	ayment		3a				9				242774
	<b>b</b> For te	erminated ves	ted participants.				3b				47				612770
	<b>C</b> For a	ctive participa	nts:			г									
	(1)	Non-vested	benefits				3c(1)								0
	(2)	Vested ben	efits				3c(2)								0
	(3)	Total active	·				3c(3)				0				0
							3d				56				855544
4	If the pla	an is in at-risk	status, check th	ne box and compl	ete lines (a) a	and (b	o)		[]						
	<b>a</b> Fundi	ng target disr	egarding prescri	bed at-risk assum	nptions						4a				
				sumptions, but dis							4b				
5											5				7.09 %
6											6				9500
Stat		/ Enrolled Ac									<u> </u>	ı			
á	ccordance v	vith applicable law	and regulations. In n	ed in this schedule and ny opinion, each other a operience under the pla	assumption is reas										
	IGN	,													
	ERE											06	6/28/20	)13	
			Sign	ature of actuary					<del></del>			D	Date		
GAR	Y A. MILI	LER	_	•								1	1-026	52	
			Type or p	rint name of actu	ary				_		Most	ecent er	rollme	nt numbe	r
STA	NDARD F	RETIREMENT	SERVICES, IN	C.								7	81-756	5-3424	
				Firm name					_	Т	elephone			ding area	code)
		UMMINGS PA A 01801-6509	ARK, SUITE 400 )	00											
			Add	dress of the firm					_						
lf tha	actuan, h	oc not fully so	offeeted any rea	ulation or ruling as	omulastod	ndor 1	the statute	n comple	otina th	ic cohod	ulo chosi	the have	, and a	00	П
	actuary r	ias not fully fe	medied any regi	ulation or ruling pr	omuigated ut	nuer 1	ine statute	ii comple	ະແກ່ <b>ຜ</b> ິດ	iis scried	uie, crieci	tile box	anu S	<del>ce</del>	

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	Part II Beginning of Year Carryover Prefunding Balances											
	-						(a)	Carryover balance		(b) I	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 fr				0			0
8			•	-	unding requirement (line 35				0			0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	actual ret	turn of1.09%							
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)							0
					interest rate of6.38%							0
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						0
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance							0
12	Other re	eductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)	)			0			0
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	81.15 %
15 Adjusted funding target attainment percentage 15									81.15 %			
16					of determining whether car						16	71.81 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											%	
Pá	Part IV Contributions and Liquidity Shortfalls											
18	Contrib				rear by employer(s) and emp	oloyees:						
(M	(a) Dat M-DD-Y	e YYY)	(b) Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> [ (MM-DD		(b) Amount pa employer(		(0		nt paid by oyees
											ı	
						Totals ▶	18(b)		0	18(c)		
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	the beginning of the				
					imum required contributions				19a			(
					djusted to valuation date				19b			(
					uired contribution for current y	ear adjusted	l to valuatio	n date	19c			(
20												
			_		the prior year?						<u> </u>	Yes No
					y installments for the current			manner?			L	Yes X No
	<b>C</b> If line	20a is "	Yes," see instructi	ons and co	omplete the following table a							
		(1) 15	st		Liquidity shortfall as of eaction (2) 2nd	na or quarte	r of this pla (3)	an year 3rd			(4) 4tl	า
	(1) 1st (2) 2nd (3) 3rd (4) 4th											

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ll yield	curve	e used
	<b>b</b> App	licable month (	enter code)		1	. 21b				4
22	Weigh	ted average ret	irement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•		tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	. 27				_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		. 29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				9500
	<b>b</b> Excess assets, if applicable, but not greater than line 31a									0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net	shortfall amortiz	zation installment			161230				41161
	<b>b</b> Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		. 33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	31b + 32a + 32b - 33)	. 34				50661
				Carryover balance	Prefunding bala	ince	То	tal bal	ance	
35			use to offset funding	(		0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				50661
37				ontribution for current year adjuste		37				0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	l (excess, if any	, of line 37 over line 36)			. 38a				0
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				50661
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40				50661
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:				_		
	a Sche	edule elected					2 plus 7 yea	rs	15	years
	<b>b</b> Eligi	ble plan year(s)	) for which the election in line	41a was made		200	8 2009	2010	П	2011
42	Amoun	nt of acceleratio	n adjustment			42	<u> </u>	_		
				d over to future plan years		43				

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001 For the plan year 1/1/2012 through 12/31/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Descise Descrit Corrects Correction

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

	File as an attachment to Form 5500 or 5500-SF.											
For	alendar plan year 2012 or fiscal plan year beginning	01/01	L/2012		and endin	g	12/	31/2012				
	ound off amounts to nearest dollar.											
<u> </u>	aution: A penalty of \$1,000 will be assessed for late filing of t	this report ur	nless reaso	onable ca	use is establishe	<u>1</u>						
A N	ame of plan				<b>B</b> Three-digi			0.01				
					plan numb	er (PN)	Þ	001				
Mac	gna Design, Inc. Hourly Paid Employee	s' Pens	ion Pl	an								
	an sponsor's name as shown on line 2a of Form 5500 or 5500				<b>D</b> Employer lo	ientificat	ion Number	(EIN)				
• , .				1								
Мас	gna Design, Inc.				91-0748	162						
E Ty	pe of plan: X Single Multiple-A Multiple-B	<b>F</b> Pi	rior year pla	an size: 🏻	100 or fewer	] 101-50	00 More	than 500				
Pa	SAISER CONTRACTOR CONT	<u></u>										
1	Enter the valuation date: Month 1 Da	.v 1	Year	2012								
2	Assets:	7										
-	a Market value	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2a		667,826				
	b Actuarial value			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2b		694,314				
3	Funding target/participant count breakdown:			(1) N	umber of particip	ants	(2)	Funding Target				
-	a For retired participants and beneficiaries receiving paymen	t	3a			9		242,774				
	<b>b</b> For terminated vested participants	ľ	3b			47		612,770				
	<b>C</b> For active participants:	<u>.</u>										
	(1) Non-vested benefits		3c(1)					0				
	(2) Vested benefits	r	3c(2)					0				
	(3) Total active		3c(3)			0		0				
	d Total		3d			56		855,544				
4	If the plan is in at-risk status, check the box and complete line	es (a) and (b	)									
	a Funding target disregarding prescribed at-risk assumptions					4a						
	<b>b</b> Funding target reflecting at-risk assumptions, but disregard					4b						
	at-risk status for fewer than five consecutive years and											
5	Effective interest rate				,	. 5		7.09				
6	Target normal cost					. 6		9,500				
State	ement by Enrolled Actuary o the best of my knowledge, the information supplied in this schedule and accomp	earina anhadula	a nintamania	and attachm	costo if any is complet	a and accu	rata Each neac	rihad accumption was applied in				
a	o the best of my knowledge, the information supplied in this screenie and accomp- coordance with applicable law and regulations. In my opinion, each other assumpti ombination, offer my best estimate of anticipated experience under the plan.	ion is reasonable	e (taking into a	account the e	xperience of the plan a	ind reasons	able expectation	s) and such other assumptions, in				
S	ign /											
H	ERE Gary A. Miller	100	$\overline{z}$		WWW.		06/28/2	2013				
	Signature of actuary						Date					
Gar	y A. Miller					***************************************	11-02	652				
	Type or print name of actuary					Most r		ment number				
Sta	ndard Retirement Services, Inc.				***			6-3424				
400	West Cummings Park, Suite 4000				Те	lephone	number (inc	luding area code)				
Wob	urn	MA 018	01-650	9								
	Address of the firm				·······							
If the	actuary has not fully reflected any regulation or ruling promulg	ated under	the statute	in comple	eting this schedul	e, check	the box and	d see				
	actuary has not tally renected any regulation of ruling promotion	,				,		L				

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auc	4	1

Pa	rt II Beginning of Yea	r Carryov	er Prefunding Baland	es							
hibii-					(a) (	Carryover balance		(b) l	Prefund	ng balance	
7	Balance at beginning of prior ye year)		•				0	***************************************	***************************************	***************************************	0
8	Portion elected for use to offset prior year)	prior year's	funding requirement (line 35	from		W	0				0
9	Amount remaining (line 7 minus						0				0
10	Interest on line 9 using prior year	ır's actual re	turn of1.09%								
11	Prior year's excess contribution										
	a Present value of excess cont	ibutions (line	e 38a from prior year)								0
	<b>b</b> Interest on (a) using prior year as otherwise provided (see	r's effective nstructions)	interest rate of 6.38 %	except					***************************************		0
	C Total available at beginning of	current plan y	ear to add to prefunding balan	ce							0
	d Portion of (c) to be added to	orefunding b	alance					~~~			0
12	Other reductions in balances du	e to electior	s or deemed elections				0				0
13	Balance at beginning of current	year (line 9	+ line 10 + line 11d – line 12	)			0				0
P	art III Funding Percer	tages									
14	Funding target attainment perce	ntage			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				14	81.15	%
15	Adjusted funding target attainm	ent percenta	ge						15	81.15	%
16	Prior year's funding percentage current year's funding requirem								16	71.81	%_
17	If the current value of the asset	of the plan	is less than 70 percent of the	funding ta	arget, enter s	such percentage			17		%
P	art IV Contributions a	nd Liquic	lity Shortfalls		·						
18	Contributions made to the plan	or the plan	year by employer(s) and emp	oloyees:							
(M	(a) Date (b) Amoun 1M-DD-YYYY) employ		(c) Amount paid by employees		Date D-YYYY)	<b>(b)</b> Amount pai employer(s		(0		int paid by oyees	
							······································		<b>,</b>		
(a) roins				Totals ▶	- 18(b)		(	18(c)		0508905110T-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM-0111CM	0
19	Discounted employer contribution	ns – see ins	structions for small plan with	a valuation	date after t	he beginning of the	year:				
	a Contributions allocated towar	d unpaid mi	nimum required contributions	from prior	years		19a				0
	<b>b</b> Contributions made to avoid	estrictions a	djusted to valuation date		,,.		19b				0
,	c Contributions allocated toward	minimum red	guired contribution for current y	ear adjuste	d to valuation	n date	19c				0
20	Quarterly contributions and liqu	dity shortfall	s:								
	a Did the plan have a "funding	shortfall" for	the prior year?		************				[2	Yes [] 1	No
	<b>b</b> If line 20a is "Yes," were requ	ired quarter	ly installments for the current	year made	e in a timely	manner?				Yes 🛛 1	No
	c If line 20a is "Yes," see instru	ctions and c	omplete the following table a	s applicabl	e:			katanatan da Angalaran			
			Liquidity shortfall as of e	<del></del>	er of this pla		1				
h	(1) 1st		(2) 2nd	-	(3)	3rd			(4) 4t	7	

Pa	rt V Assumptions	s Used to Determine I	Funding Target and Targe	et Normal Cost					
21	Discount rate:			T					
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %		☐ N/A, full	yield	curve	used
	<b>b</b> Applicable month (en	ter code)		1.31,,,,,,,	21b				4
22	Weighted average retire	ement age			22				65
23	Mortality table(s) (see in	nstructions) 🛛 Pre	escribed - combined Pre	escribed - separate	Substitut	e			
Pa	rt VI Miscellaneou	ıs Items			· · · · · · · · · · · · · · · · · · ·				
			uarial assumptions for the current					Yes	X No
25	Has a method change b	een made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X No
26	Is the plan required to p	rovide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X No.
27			er applicable code and see instru		27				
Pa	rt VII Reconciliati	ion of Únpaid Minimu	ım Required Contribution	s For Prior Years			·v		
28	Unpaid minimum require	ed contributions for all prior	years	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28				0
29			unpaid minimum required contrib		29				0
30	Remaining amount of ur	npaid minimum required con	tributions (line 28 minus line 29).		30				0
Pa	rt VIII Minimum R	equired Contribution	For Current Year						
31	Target normal cost and	excess assets (see instruct	ions):						
	a Target normal cost (lin	ne 6)			31a				9,500
	<b>b</b> Excess assets, if appl	licable, but not greater than	line 31a	***************************************	31b				0
32	Amortization installment	ts:		Outstanding Bala	ance	Ins	stalime	ent	
	a Net shortfall amortiza	tion installment			161,230			4	41,161
	<b>b</b> Waiver amortization in	nstallment			q				0
33			ter the date of the ruling letter gra) and the waived amount		33				
34	Total funding requireme	ent before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34			(	50,661
	***************************************	1	Carryover balance	Prefunding bala	nce	Tota	al bala	nce	
35	Balances elected for use requirement	e to offset funding	(		0		***************************************	***************************************	0
36	Additional cash requirer	ment (line 34 minus line 35)	***************************************		36			į	50,661
37	Contributions allocated	toward minimum required co	ontribution for current year adjuste	d to valuation date	37		***************************************		0
38	Present value of excess	s contributions for current ye	ar (see instructions)				***************************************		
***************************************	***************************************	······································			38a				0
***************************************			orefunding and funding standard o		38b				0
39		***************************************	ear (excess, if any, of line 36 over		39			į	50,661
40					40			į	50,661
Pa	t IX Pension Fu	ınding Relief Under P	ension Relief Act of 2010	(See Instructions	)	**************************************	***************************************		
41	12 × 1 × 12 × 12 × 12 × 12 × 12 × 12 ×	to use PRA 2010 funding re							
					П	2 plus 7 years	s [	15 y	/ears
,			41a was made		P*****	province province	2010	, ,	2011
42	····				42			<u> </u>	
***************************************			d over to future plan years		43				

## Schedule SB, line 32 -**Schedule of Amortization Bases**

## Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

### For the plan year 1/1/2012 through 12/31/2012

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	78,719	Shortfall	37,390	3	13,141
	01/01/2009	66,029	Shortfall	40,770	4	11,031
	01/01/2010	82	Shortfall	63	5	14
	01/01/2011	153,856	Shortfall	132,137	6	25,314
	01/01/2012	-49,130	Shortfall	-49,130	7	-8,339
Totals:				\$161,230		\$41,161

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administ 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. Part 1 Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 12/31/2012 and ending a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report B This return/report is: the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number Magna Design, Inc. Hourly Paid Employees' Pension 001 (PN) > Plan 1c Effective date of plan 08/01/1979 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Employer Identification Number (EIN) 91-0748162 Magna Design, Inc. Sponsor's telephone number (206) 948-1232 4924 136th Place SE Business code (see instructions) 337000 98006-3459 Bellevue 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name end/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c a Sponsor's name Total number of participants at the beginning of the plan year 5a 56 Total number of participants at the end of the plan year ..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)\_\_\_\_\_ 6a Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) No X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

belief, it is true, correct, and complete.

SIGN	7/10/13	Thomas A. Sehrer			
Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN L TYLL COLLAND	7/10/13	Thomas A. Sehrer			
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon			
Preparer's name (including firm name, if applicable) and address; include	r (optional) Preparer's telephone number (optional)				

-Pa	TIM Financial Information									
7	Plan Assets and Liabilities	HER	(a) Beginning of Year			(b) End of Year				
a	Total plan assets	. 7a	670,664		54	638,58				
b	Total plan liabilities	, 7b		0						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	67	0,6	54	638,584			38,584	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	ital		
а	Contributions received or receivable from: (1) Employers	82(1)			0					
	(2) Participants	8a(2)			0 3					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	1,475							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,4			
d	Benefits paid (including direct rollovers and insurance premiums								g Milyakji	
	to provide benefits)	8d	2	23,350						
	Certain deemed and/or corrective distributions (see instructions)	8€		0						
f_	Administrative service providers (salaries, fees, commissions)	8f	10,205		)5					
g	Other expenses	89	Control Control of the Alberta Control of the Control	lge (Ar.e)						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		relinities leally		33,555				
1	Net income (loss) (subtract line 8h from line 8c)	81			31,	(32,080)				
J	Transfers to (from) the plan (see instructions)	8j			0 4					
Par	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1B 1G 1I 3D	,								
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coo	tes in I	lne instructio	ns:		
Par	V Compliance Questions									
10	During the plan year.					No		lmount		
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)					Х				
¢	Was the plan covered by a fidelity bond?					Х				
ď	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		idelity bond, that was caused by fraud			Х				
e	Were any fees or commissions paid to any brokers, agents, or of	er person	s by an insurance carrier,							
	insurance service or other organization that provides some or all of instructions.)	of the bene	this under the plan? (See	10e		Х				
f						Х		,		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instructions and 29 CFR							Artija , sta	
2	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	the required notice or one of the								
Part	VI Pension Funding Compliance									
11								∏No		
11a	Enter the amount from Schedule SB line 39					11a   50,661				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	XNo	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					***************************************		
	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									
H	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Fon	m 5500), and skip to line 13.		<del></del>					
b	b Enter the minimum required contribution for this plan year						<u> </u>			

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2012 through 12/31/2012

Valuation Date:

1/1/2012

**Funding Method:** 

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is Life Annuity Guaranteed for 5 Years

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C) Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %	Segment #	Year	Rate %
Segment 1	0 - 5	2.06	Segment 1	0 - 5	5.54
Segment 2	6 - 20	5.25	Segment 2	6 - 20	6.85
Segment 3	> 20	6.32	Seament 3	> 20	7.52

Pre-Retirement - Mortality Table -

None

Turnover/Disability -Salary Scale -

None None

Expense Load -

\$9,500

Ancillary Ben Load -

None

Post-Retirement - Mortality Table -

12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

#### **Asset Valuation Method:**

Average value of assets as permitted by IRC 430(g)(3)(B) adjusted for contributions under 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

## Schedule SB, Part V **Summary of Plan Provisions**

#### Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer:

Magna Design, Inc.

Type of Entity - C-Corporation

EIN: 91-0748162

TIN: 58-2063686

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 8/1/1979

Year end - 12/31/2012

Valuation -1/1/2012

Eligibility:

All employees excluding members of an excluded class

Minimum age - N/A

Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 65

Early - Attainment of age 60

Average Compensation:

Current compensation

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits:

Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Qualified Pre-Retirement Survivor Annuity

Top Heavy Minimum:

None

IRS Limitations:

415 Limits -

Percent: 100

Dollar:\$175,000

Maximum 401(a)(17) compensation -\$220,000

Normal Form:

Life Annuity Guaranteed for 5 Years

**Optional Forms:** 

Lumo Sum

Life Annuity Guaranteed for 5 or 10 Years

Joint with 50%, 66.67%, 75% or 100% Survivor Benefit

**Vesting Schedule:** 

100% vested in 5 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -Segment # Years Rate % Segment 1 0 - 5 1.99 Segment 2 6 - 20 4.47 Segment 3 > 20 5.26

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

## Schedule SB, Part V **Summary of Plan Provisions**

## Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 1/1/2012 through 12/31/2012

#### Actuarial Equivalence:

Pre-Retirement - Interest -

Mortality Table - U84 - 1984 Unisex

Post-Retirement - Interest -

Mortality Table - U84 - 1984 Unisex