## 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 instru	ctions to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012
	turn/report is for:	a single-employer plan	<b>H</b>	olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—enter all requested infe	ormation			
1a Name	•	•			1b	Three-digit
LVS RETIRE	EMENT PLAN					plan number
						(PN) ▶ 001
					1c	Effective date of plan
0- 5	<del> </del>				01	01/01/2009
	ponsor's name and ad AGE SYSTEMS INC.	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	26	Employer Identification Number (EIN) 73-1725293
LVO					2c	Sponsor's telephone number
P.O. BOX 14						425-948-4098
MILL CREE!	K, WA 98082				2d	Business code (see instructions) 238210
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
						·
		e plan sponsor has changed since t	he last return/report filed t	for this plan, enter the	4b	EIN
	•	mber from the last return/report.			4.	
•	or's name				4c	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	5
<b>b</b> Total r	number of participants	at the end of the plan year			5b	3
		account balances as of the end of t	, ,	•	5c	3
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in e	igible assets? (See instru	ctions.)		X Yes No
_		the annual examination and repor				
		? (See instructions on waiver eligibi				<del>-</del> -
lf you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.
		her penalties set forth in the instruc				
	edule MB completed all true, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and
	I			T		
SIGN	Filed with authorized/	valid electronic signature.	09/13/2013	CORNELL HUGGINS		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator
SIGN						
HERE	Cimmetum of amula		Data	Fatan a ann a af in divide		
Prenarer's	Signature of emplo	ame, if applicable) and address; in	Date			gning as employer or plan sponsor parer's telephone number (optional)
. roparci s	manne (morading milli m	ame, ii applicabie) and address, iii	orago room of suite number	or (optional)	. Top	a.o. o totophone nambor (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities				(b) End of Year						
a	Total plan assets				9688					3	
	Total plan liabilities	·									
	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)							9688	3	
	Income, Expenses, and Transfers for this Plan Year (a) Amount						(h	) Total			
	Contributions received or receivable from:		(a) runount					, rota.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1315	55							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13155	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	399	18							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		4							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							400	2	
	Net income (loss) (subtract line 8h from line 8c)	8i							915	3	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	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	acteris	tic Code	es in	the inst	ruction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes	s in t	he instru	ctions:			
Par	•			1							
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan			10e		Χ					
				10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u>,                                      </u>	10g		X					
h	2520.101-3.)			10h		X					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	Пи	۷o
11a						1a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-				ter th Day	e date d	of the le		ling	
lf	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				1:	2b					

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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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

## 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).

▶ 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		Identification Information							
For calenda	ar plan year 2012 or t		1/2012	and ending 1	2/31/2012				
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	a one-partici	ipant plan			
B This retu	urn/report is:	the first return/report	the final return/report		_				
		an amended return/report	a short plan year return	report (less than 12 mo	onths)				
C Check b	oox if filing under:	🗍 Form 5558	automatic extension		DFVC progra	am			
• Oncon E	ox ii iiiiig ciicoii	special extension (enter desc			☐ bi vo piogii	4)11			
Part II	Pacie Plan Infe	ormation—enter all requested in							
1a Name		ormation—enter all requested in	normation	- IV-W	1h 7h				
	EMENT PLAN				1b Three-digit plan number				
LVOINLIIN	-MICH I LON				(PN) ▶	001			
					1c Effective date of				
	oonsor's name and a AGE SYSTEMS INC.	ddress; include room or suite numl	per (employer, if for a single-e	mployer plan)	2b Employer Ident				
LVS				ŀ	(EIN) 73-172	CALL OF THE PARTY			
5 6 5 5 V 4	1045				2c Sponsor's telep (425) 94				
P.O. BOX 14	4215				2d Business code				
MILL CREE	K, WA 98082		- Note that the second of the		23821				
3a Plan ad	dministrator's name a	and address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b Administrator's	EIN			
					3c Administrator's	telephone number			
4			- 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<del></del>				
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed to	r this plan, enter the	4b EIN				
CONSTRUCTION OF THE PARTY OF TH	or's name	and an inches			4c PN				
					5a	5			
<b>b</b> Total r	number of participant	s at the end of the plan year	***************************************		5b	3			
		account balances as of the end of			30	<del></del>			
					5c	3			
6a Were	all of the plan's asse	ets during the plan year invested in	eligible assets? (See instruct	ions.)	******************************	X Yes No			
<b>b</b> Are vo	ou claiming a waiver	of the annual examination and rep	ort of an independent qualifie	d public accountant (IQI	PA)				
under	29 CFR 2520.104-4	6? (See instructions on waiver elig	ibility and conditions.)			X Yes No			
		either line 6a or line 6b, the plan							
		or incomplete filing of this retu							
SB or Sche	arties of perjury and i edule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, i declare that I have i , as well as the electronic vers	examined this return/repair	ort, including, if applic	cable, a Schedule			
belief, it is	true, correct, and cor	mplete.			, and to the best of my	y knowledge allu			
All and	V (P	1/	1 6/20/2	X C					
SIGN	X Comes		1 8 28 2013		magins				
	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan ad	ministrator			
SIGN									
HERE		loyer/plan sponsor	Date	Enter name of individe	ual signing as employ	er or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address;	include room or suite numbe	r (optional)	Preparer's telephone	number (optional)			
1									
12									

Par	t III Financial Information							*		
_7	lan Assets and Liabilities (a) Beginning of Yea						(b) End	ar	STATE OF THE STATE	
a	Total plan assets	7a	8773	)			- X-mg		96883	
b	Total plan liabilities	7b				0.000				
С	Net plan assets (subtract line 7b from line 7a)	)	96883							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(þ) .	Total		
100000	Contributions received or receivable from: (1) Employers	8a(1)							Ī	
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)						102		1177
b	Other income (loss)	. 8b	1315	5						×* 11.7
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			(65)			37-11	13155	
	Benefits paid (including direct rollovers and insurance premiums		San Carlotte	32					10100	
	to provide benefits)	. 8d	399	3			1 1			
D)	Certain deemed and/or corrective distributions (see instructions)	8e		4	-	-				
7.	Administrative service providers (salaries, fees, commissions)	. 8f			_					
	Other expenses	. 8g		-						
V/50	Total expenses (add lines 8d, 8e, 8f, and 8g)								4002	!
	Net income (loss) (subtract line 8h from line 8c)						10010		9153	i
J	Transfers to (from) the plan (see instructions)	· 8j						154501010		
	t IV Plan Characteristics						100			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	:	<u> </u>
b	2E 2G 2J 2K 2T 3D			page (California		Samuel III	Second Con	_		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan Charac	cterist	c Cod	es in th	ne instruc	tions:		
Par	V Compliance Questions								-	
10	During the plan year:	30			Yes	No		A		
a		ıtions withi	n the time period described in		100			Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х		-		
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?	*****		10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, lhat was caused by fraud	10d		х	110			
е	Were any fees or commissions paid to any brokers, agents, or ot	her person	is by an insurance carrier.	2/2/90				-		
	insurance service or other organization that provides some or all	of the ben	efits under the plan? (See	40						
	instructions.)			10e		X				
				10f		X				-
g			A market and a second a second and a second	10g		Х				
h	If this is an individual account plan, was there a blackout period?				1000				N L	a bij
-	2520,101-3.)			10h		Х		-		
	2520,101-3.)  If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10h 10i		Х	-			
Pari	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the			X				
Part	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	the require )1-3 nents? (If *	d notice or one of the	10i	Sched	lule SE	3 (Form	<u>.</u> Гп	Yes	∏ No
11	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	the require )1-3 nents? (If "	d notice or one of the	10i	<del></del>	lule SE	(Form		Yes	☐ No
11	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	the require 01-3 nents? (If "	d notice or one of the	10i		ule SE	************			
11	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below)	the require 11-3 nents? (If "	d notice or one of the  Yes," see instructions and con	10i		ule SE	************		Yes	∏ No
11 11a 12	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	the require  nents? (If "  g requirem  v, as applic  ing amortiz	d notice or one of the  Yes," see instructions and com- ents of section 412 of the Code cable.)  zed in this plan year, see instru	10i	ction (	Jule SE	ERISA?		Yes	X No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	the require  nents? (If " g requirem y, as applicing amortiz	d notice or one of the  Yes," see instructions and com- ents of section 412 of the Code cable.)  zed in this plan year, see instru-	10i	ction (	lule SE	ERISA?	the let	Yes	X No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (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 beigranting the waiver.	nents? (If " g requirem y, as applicing amortiz	ents of section 412 of the Code cable.)  zed in this plan year, see instructions and compared to the Code cable.	10i  nplete e or se ctions	ection (	Jule SE	ERISA?		Yes	X No

	Form 5500-SF 2012 Page <b>3</b> - 1					
	Enter the amount contributed by the employer to the plan for this plan year	12c	<b>—</b>	- my		
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?		TY	es	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	COLUMN TO SERVICE STATE OF THE	-
processor vis	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?	control			☐ 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.)			-		
	3c(1) Name of plan(s):	3c(2) E	EIN(s)		13c(3	) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b	Trust's	EIN		