# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
LAMPS PLUS 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/01/1998

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

LAMPS PLUS INC

20250 PLUMMER ST
CHATSWORTH, CA 91311

20250 PLUMMER ST
CHATSWORTH, CA 91311

**2b** Employer Identification Number (EIN)
95-3033131

**2c** Sponsor's telephone number
818-886-5267

**2d** Business code (see instructions)
442299

**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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/04/2013 | CLARK LINSTONE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

LAMPS PLUS INC

20250 PLUMMER ST
CHATSWORTH, CA 91311

**3b** Administrator's EIN
95-3033131

**3c** Administrator's telephone number
818-886-5267

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1118 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 954 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 166 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1123 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 4 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1127 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 855 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 25 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | ☒ | **R** (Retirement Plan Information) |
| **(2)** | ☐ | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | ☐ | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | ☒ | **H** (Financial Information) |
| **(2)** | ☐ | **I** (Financial Information – Small Plan) |
| **(3)** | ☐ | **A** (Insurance Information) |
| **(4)** | ☒ | **C** (Service Provider Information) |
| **(5)** | ☒ | **D** (DFE/Participating Plan Information) |
| **(6)** | ☐ | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
LAMPS PLUS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAMPS PLUS INC

**D** Employer Identification Number (EIN)
95-3033131

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 65 37 60 | RECORDKEEPER | 11706 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ALLNZ NFJ DIV VAL AD - BOSTON FINAN | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ALLNZ NFJ SMCPVAL AD - BOSTON FINAN | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| ARTISAN MID CAP VAL - BOSTON FINANC | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.40% |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BARON ASSET FUND - DST SYSTEMS, INC<br><br>43-1581814 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BARON GROWTH - DST SYSTEMS, INC.<br><br>43-1581814 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| COL MAR 21ST CENT Z - COLUMBIA MGT P.O. BOX 219643<br>KANSAS CITY, MO 64121 | 0.40% |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| COLUMBIA RE EQUITY Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266-8081 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| DAVIS NY VENTURE A - BOSTON FINANCI 330 W. 9TH STREET KANSAS CITY, MO 66160 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRANKLIN UTILITIES A - FRANKLIN TEM<br><br>94-3167260 | 0.30% |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| OAKMARK EQ & INC I - BOSTON FINANCI | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| PIMCO TOT RETURN ADM - BOSTON FINAN | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.27% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| WFA SM CAP VAL INV - BOSTON FINANCI | 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.40% |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
LAMPS PLUS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
LAMPS PLUS INC

**D** Employer Identification Number (EIN)
95-3033131

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-024 | C | 869240 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
LAMPS PLUS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAMPS PLUS INC

**D** Employer Identification Number (EIN)
95-3033131

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 888939 | 919436 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 941748 | 923013 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 760521 | 869240 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15452207 | 18364689 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 18043415 | 21076378 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 18043415 | 21076378 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 263553 | |
| **(B)** Participants | 2a(1)(B) | 1794683 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 50364 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2108600 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 91 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 41794 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 41885 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 464020 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 464020 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 16286 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1480079 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4110870 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1045050 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1045050 |
| f Corrective distributions (see instructions) | 2f | | 19697 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 915 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 12245 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12245 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1077907 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3032963 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: DELOITTE & TOUCHE **(2)** EIN: 86-1065772

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
LAMPS PLUS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAMPS PLUS INC

**D** Employer Identification Number (EIN)
95-3033131

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | | |
|---|---|---|---|
| **a** | The current year | **14a** | |
| **b** | The plan year immediately preceding the current plan year | **14b** | |
| **c** | The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | | |
|---|---|---|---|
| **a** | The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** | The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | | |
|---|---|---|---|
| **a** | Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Lamps Plus 401(k) Plan

Employer ID No: 95-3033131
Plan Number: 001

Financial Statements (Modified Cash Basis)
as of December 31, 2012 and 2011, and for the
Year Ended December 31, 2012, Supplemental
Schedule as of December 31, 2012, and
Independent Auditors' Report

# LAMPS PLUS 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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# INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
the Lamps Plus 401(k) Plan:

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lamps Plus 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2012, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2 to the financial statements; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee that the information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

## Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

## Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

## Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph, we do not express an opinion on this supplemental schedule.

## Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 3, 2013

# LAMPS PLUS 401(k) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) AS OF DECEMBER 31, 2012 AND 2011

| | 2012 | 2011 |
|---|---|---|
| ASSETS: | | |
| Participant-directed investments — at fair value: | | |
| Money market fund | $ 919,436 | $ 888,939 |
| Mutual funds | 18,364,689 | 15,452,207 |
| Commingled pooled fund | 869,239 | 760,521 |
| Total participant-directed investments — at fair value | 20,153,364 | 17,101,667 |
| Receivables — notes receivable from participants | 923,013 | 941,748 |
| NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE | 21,076,377 | 18,043,415 |
| ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS INCLUDED IN THE COMMINGLED POOLED FUND | (24,875) | (18,757) |
| NET ASSETS AVAILABLE FOR BENEFITS | $21,051,502 | $18,024,658 |

See notes to financial statements (modified cash basis).

## LAMPS PLUS 401(k) PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) FOR THE YEAR ENDED DECEMBER 31, 2012

| | |
|---|---|
| ADDITIONS: | |
| Contributions: | |
| Employer contributions | $ 263,553 |
| Participant contributions | 1,845,047 |
| Total contributions | 2,108,600 |
| Investment income: | |
| Net appreciation in fair value of investments | 1,480,081 |
| Interest and dividend income | 474,278 |
| Net investment income | 1,954,359 |
| Interest income on notes receivable from participants | 41,792 |
| Total additions | 4,104,751 |
| DEDUCTIONS: | |
| Benefits paid to participants | (1,065,662) |
| Administrative expenses | (12,245) |
| Total deductions | (1,077,907) |
| INCREASE IN NET ASSETS | 3,026,844 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 18,024,658 |
| End of year | $21,051,502 |

See notes to financial statements (modified cash basis).

## 1. PLAN DESCRIPTION AND RELATED INFORMATION

The following description of the Lamps Plus 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** — The Plan was established on June 1, 1998, and has been subsequently amended to comply with certain Internal Revenue Code (IRC) revisions. The Plan is a qualified defined contribution plan covering full-time regular employees of the Lamps Plus Group (the "Company") who have at least one year of service and are at least 21 years of age. One thousand hours of service shall be required to constitute a year of eligibility. Fidelity Management Trust Company serves as the trustee of the Plan and Fidelity Investments Institutional Operations Company, Inc., serves as the recordkeeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Contributions** — Each year, participants may contribute up to 20% of their pretax annual compensation, as defined in the Plan, subject to certain IRC limitations. The Company contributes 25% of the first 4% of base compensation that a participant contributes to the Plan. The Company may make additional discretionary contributions, which shall be allocated to each eligible employee in proportion to his or her compensation as a percentage of the compensation of all eligible employees. No such additional discretionary contributions were made during the year ended December 31, 2012. The Plan allows eligible participants to make catch-up contributions in accordance with and subject to the limitations of IRC Section 414(v). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching and nonelective contributions, and allocations of Plan earnings, and charged with withdrawals and an allocation of Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments** — Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers one money market fund, one commingled pooled fund, and 29 mutual funds as investment options for participants.

**Notes Receivable from Participants** — Participants may borrow from their fund accounts in increments of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of the participant's vested account balance. The term of participant loans generally may not exceed five years, unless used for a home loan. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest that approximates the prime rate on the date of the loan as specified in "The Wall Street Journal," plus 1%. Principal and interest are paid through payroll deductions. Upon termination of employment, the outstanding loan balance is deemed as a taxable distribution to the participant. As of December 31, 2012, participant loans have maturities through 2037 at interest rates ranging from 4.25% to 9.25%.

**Vesting** — Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contributions is based on years of credited service. A participant is fully vested after three years of credited service as follows:

| Completed Years of Service | Vested Interest in the Company's Contributions |
|---|---|
| Less than two years | - % |
| Two years | 50 |
| Three or more years | 100 |

**Payment of Benefits** — A participant's vested Plan benefits will be distributed at retirement, death, disability, or termination of employment. For termination due to retirement, death, or disability, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum.

**Withdrawals** — A participant may withdraw all or a portion of his or her contributions (plus earnings) and Company matching and discretionary contributions (plus earnings) for any reason after reaching age 59 1/2 or prior to reaching age 59 1/2 in the case of hardship (as described in the Plan document).

**Forfeited Accounts** — At December 31, 2012 and 2011, forfeited nonvested accounts totaled $11,617.49 and $2,329, respectively. These accounts will be used first to reduce future administrative expenses and then to reduce future employer contributions.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements of the Plan have been prepared using a modified cash basis of accounting. Under the modified cash basis of accounting, contributions, loan repayments, fund transfers, distributions, and expenses are recognized when received or paid.

Purchases and sales are recorded on the settlement date. Interest income and dividends are recorded on a cash basis. Net appreciation or depreciation in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year. See Note 4 for further information regarding the fair value measurement of the Plan's investments.

**Use of Estimates** — The preparation of financial statements (modified cash basis) requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments, including mutual funds composed of U.S. government securities, corporate debt, and equity instruments (both domestic and foreign). Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements (modified cash basis). For all mutual funds, refer to the specific fund's prospectus and annual report for a full description of each fund's holdings and significant concentrations of credit risks.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Money market funds are stated at amortized cost, which approximates fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The commingled pooled fund is valued at the NAV of units of a bank collective trust. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV of the commingled pooled fund is based on the fair value of the underlying investments held by the fund less its liabilities. The commingled pooled fund is stated at fair value and then adjusted to contract value as described below.

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 962-325, *Plan Accounting-Defined Contribution Pension Plans — Investments — Other*, the commingled pooled fund is included at fair value in the statements of net assets available for benefits (modified cash basis) and an additional line item is presented representing the adjustment from fair value to contract value. The statement of changes in net assets available for benefits (modified cash basis) is presented on a contract-value basis and is not affected by ASC Topic 962-325.

Management fees and operating expenses charged to the Plan for investments in the money market fund, mutual funds, and the commingled pooled fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Notes Receivable from Participants** — Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. As of December 31, 2012 and 2011, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid.

**Administrative Expenses** — Administrative expenses incurred by the Plan may be paid by the Company directly or from forfeited funds held as assets of the Plan at the discretion of the Plan's management. For the year ended December 31, 2012, administrative expenses were $12,245. No forfeited funds were used to pay administrative expenses during the fiscal year ended December 31, 2012.

**Subsequent Events** — Subsequent events were evaluated through October 3, 2013, the date the financial statements (modified cash basis) were available to be issued.

**Accounting Standard Updates** — Accounting standards updates effective after December 31, 2012, are not expected to have a material effect on the Plan's statement of net assets available for benefits or statement of changes in net assets available for benefits.

## 3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included in the Plan's financial statements (modified cash basis) and supplemental schedule, that was prepared by or derived from information prepared by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that such information is complete and accurate.

The tables below present the statements of net assets available for benefits (modified cash basis) as of December 31, 2012 and 2011, which were certified by Fidelity Management Trust Company. Single investments that represent more than 5% of Plan net assets available for benefits have been separately identified by an asterisk (*) in the table below.

| | 2012 | 2011 | |
|---|---|---|---|
| Investments — at fair value: | | | |
| Allianz NFJ Dividend Value Administrative | $ 193,413 | $ 126,055 | |
| Allianz NFJ Small Cap Value Administrative | 83,545 | 65,758 | |
| Artisan Mid Cap Value Investor | 112,458 | 89,359 | |
| Baron Asset Retail | 209,967 | 180,410 | |
| Baron Growth Retail | 159,576 | 131,767 | |
| Columbia Marisco 21st Century Z | | 69,231 | |
| Columbia Real Estate Equity Z | 256,673 | 176,435 | |
| Davis NY Venture A | | 75,595 | |
| Fidelity Contrafund | 70,561 | | |
| Fidelity Freedom 2000 | 191,183 | 185,484 | |
| Fidelity Freedom 2005 | 60,798 | 62,023 | |
| Fidelity Freedom 2010 | 703,041 | 674,323 | |
| Fidelity Freedom 2015 | 1,771,834 | 1,716,038 | * |
| Fidelity Freedom 2020 | 2,502,240 | 2,384,272 | * |
| Fidelity Freedom 2025 | 3,369,745 | 2,795,381 | * |
| Fidelity Freedom 2030 | 2,091,579 | 1,831,672 | * |
| Fidelity Freedom 2035 | 1,451,682 | 1,121,948 | * |
| Fidelity Freedom 2040 | 894,897 | 718,381 | |
| Fidelity Freedom 2045 | 694,255 | 546,563 | |
| Fidelity Freedom 2050 | 354,684 | 238,648 | |
| Fidelity Freedom 2055 | 13,469 | | |
| Fidelity Freedom Income | 24,395 | 28,584 | |
| Fidelity Government Income | 447,451 | 432,624 | |
| Fidelity International Discovery | 96,425 | 59,423 | |
| Fidelity Managed Income Portfolio | 869,239 | 760,521 | |
| Fidelity Retirement Money Market | 919,436 | 888,939 | |
| Fidelity Select Natural Resources | 600,291 | 530,634 | |
| Fidelity Spartan 500 Index Advantage | 655,476 | | |
| Fidelity Spartan 500 Index Investment | | 188,956 | |
| Fidelity Spartan Extended Market Index Advantage | 178,015 | | |
| Fidelity Spartan Extended Market Index Investment | | 95,618 | |
| Fidelity Spartan International Index Advantage | 152,651 | | |
| Fidelity Spartan International Index Investment | | 57,704 | |
| Fidelity Spartan Total Market Index Investment | | 225,691 | |
| Franklin Utilities A | 197,422 | 149,928 | |
| Oakmark Equity & Income I | | 79,128 | |
| PIMCO Total Return Administrative | 623,812 | 255,575 | |
| Wells Fargo Advantage Small Cap Value Investment | 203,151 | 158,999 | |
| Total Participant Directed Investments — at fair value | $20,153,364 | $17,101,667 | |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts included in the commingled pooled fund | $ (24,875) | $ (18,757) | |

The net appreciation (depreciation) in the fair value of investments (including gains and losses on investments bought and sold, as well as held during the year) and dividend income that was certified by Fidelity Management Trust Company for the year ended December 31, 2012, as follows:

| | |
|---|---|
| Net appreciation (depreciation) in fair value of investments: | |
| Allianz NFJ Dividend Value Administrative | $ 17,025 |
| Allianz NFJ Small Cap Value Administrative | 1,134 |
| Artisan Mid Cap Value Investor | 5,286 |
| Baron Asset Retail | 12,457 |
| Baron Growth Retail | 9,331 |
| Columbia Marisco 21st Century Z | 6,609 |
| Columbia Real Estate Equity Z | 23,063 |
| Davis NY Venture A | 6,739 |
| Fidelity Contrafund | (233) |
| Fidelity Freedom 2000 | 8,034 |
| Fidelity Freedom 2005 | 3,928 |
| Fidelity Freedom 2010 | 50,366 |
| Fidelity Freedom 2015 | 135,670 |
| Fidelity Freedom 2020 | 216,462 |
| Fidelity Freedom 2025 | 300,404 |
| Fidelity Freedom 2030 | 199,766 |
| Fidelity Freedom 2035 | 140,144 |
| Fidelity Freedom 2040 | 89,728 |
| Fidelity Freedom 2045 | 70,465 |
| Fidelity Freedom 2050 | 33,653 |
| Fidelity Freedom 2055 | 156 |
| Fidelity Freedom Income | 1,270 |
| Fidelity Government Income | (8,364) |
| Fidelity International Discovery | 13,707 |
| Fidelity Select Natural Resources | 20,420 |
| Fidelity Spartan 500 Index Advantage | 14,119 |
| Fidelity Spartan 500 Index Investment | 17,114 |
| Fidelity Spartan Extended Market Index Advantage | 1,208 |
| Fidelity Spartan Extended Market Index Investment | 12,234 |
| Fidelity Spartan International Index Advantage | 6,923 |
| Fidelity Spartan International Index Investment | 7,644 |
| Fidelity Spartan Total Market Index Advantage | 12,965 |
| Fidelity Spartan Total Market Index Investment | 22,091 |
| Franklin Utilities A | 3,708 |
| Oakmark Equity & Income I | 6,170 |
| PIMCO Total Return Administrative | 5,408 |
| Wells Fargo Advantage Small Cap Value Investment | 13,277 |
| Total net appreciation in fair value of investments | $1,480,081 |
| Dividend income | $ 474,278 |

Supplemental Schedule — All investment balances and information included in the supplemental schedule of assets (held at end of year) as of December 31, 2012, were certified by Fidelity Management Trust Company.

Note: All investment balances and information as of December 31, 2012 and 2011, as disclosed in Note 4 are certified by Fidelity Management Trust Company, excluding the classification of investments by level.

## 4. FAIR VALUE MEASUREMENTS

ASC 820 provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. For a description of the specific inputs and valuation techniques used to measure the fair value of the Fidelity Managed Income Portfolio, refer to Note 5.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2012:

| | Type of Investment | Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | 2012 Total |
|---|---|---|---|---|---|
| Money market fund — Fidelity Retirement Money Market | Money Market | $ 919,436 | $ - | $ - | $ 919,436 |
| Mutual funds: | | | | | |
| Value Funds: | | | | | |
| Allianz NFJ Dividend Value Administrative | Large Cap Fund | 193,413 | | | 193,413 |
| Allianz NFJ Small Cap Value Administrative | Small Cap Fund | 83,545 | | | 83,545 |
| Artisan Mid Cap Value Investor | Mid Cap Fund | 112,458 | | | 112,458 |
| Franklin Utilities A | Specialty Fund | 197,422 | | | 197,422 |
| Blend Funds: | | | | | |
| Fidelity Freedom 2000 | Lifecycle Fund | 191,183 | | | 191,183 |
| Fidelity Freedom 2005 | Lifecycle Fund | 60,798 | | | 60,798 |
| Fidelity Freedom 2010 | Lifecycle Fund | 703,041 | | | 703,041 |
| Fidelity Freedom 2015 | Lifecycle Fund | 1,771,834 | | | 1,771,834 |
| Fidelity Freedom 2020 | Lifecycle Fund | 2,502,240 | | | 2,502,240 |
| Fidelity Freedom 2025 | Lifecycle Fund | 3,369,745 | | | 3,369,745 |
| Fidelity Freedom 2030 | Lifecycle Fund | 2,091,579 | | | 2,091,579 |
| Fidelity Freedom 2035 | Lifecycle Fund | 1,451,682 | | | 1,451,682 |
| Fidelity Freedom 2040 | Lifecycle Fund | 894,897 | | | 894,897 |
| Fidelity Freedom 2045 | Lifecycle Fund | 694,255 | | | 694,255 |
| Fidelity Freedom 2050 | Lifecycle Fund | 354,684 | | | 354,684 |
| Fidelity Freedom 2055 | Lifecycle Fund | 13,469 | | | 13,469 |
| Fidelity Freedom Income | Lifecycle Fund | 24,395 | | | 24,395 |
| Fidelity Select Natural Resources | Specialty Fund | 600,291 | | | 600,291 |
| Fidelity Spartan 500 Index Advantage | Large Cap Fund | 655,476 | | | 655,476 |
| Fidelity Spartan Extended Market Index Advantage | Mid Cap Fund | 178,015 | | | 178,015 |
| Fidelity Spartan International Index Advantage | International Fund | 152,651 | | | 152,651 |
| Wells Fargo Advantage Small Cap Value Investment | Small Cap Fund | 203,151 | | | 203,151 |
| Growth Funds: | | | | | |
| Baron Asset Retail | Mid Cap Fund | 209,967 | | | 209,967 |
| Baron Growth Retail | Small Cap Fund | 159,576 | | | 159,576 |
| Columbia Real Estate Equity Z | Specialty Fund | 256,673 | | | 256,673 |
| Davis NY Venture A | Large Cap Fund | | | | - |
| Fidelity Contrafund | Large Cap Fund | 70,561 | | | 70,561 |
| Fidelity International Discovery | International Fund | 96,425 | | | 96,425 |
| Bond Funds — Fidelity Government Income | Bond Fund | 447,451 | | | 447,451 |
| Income Funds — PIMCO Total Return Administrative | Income Fund | 623,812 | | | 623,812 |
| Total mutual funds | | 18,364,689 | - | - | 18,364,689 |
| Commingled pooled fund — Fidelity Managed Income Portfolio | | | 869,239 | | 869,239 |
| Total | | $19,284,125 | $869,239 | $ - | $20,153,364 |

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2011

| | Type of Investment | Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | 2011 Total |
|---|---|---|---|---|---|
| Money market fund — Fidelity Retirement Money Market | Money Market | $ 888,939 | $ - | $ - | $ 888,939 |
| Mutual funds: | | | | | |
| Value Funds: | | | | | |
| Allianz NFJ Dividend Value Administrative | Large Cap Fund | 126,055 | | | 126,055 |
| Allianz NFJ Small Cap Value Administrative | Small Cap Fund | 65,758 | | | 65,758 |
| Artisan Mid Cap Value Investor | Mid Cap Fund | 89,359 | | | 89,359 |
| Franklin Utilities A | Specialty Fund | 149,928 | | | 149,928 |
| Blend Funds: | | | | | |
| Fidelity Freedom 2000 | Lifecycle Fund | 185,484 | | | 185,484 |
| Fidelity Freedom 2005 | Lifecycle Fund | 62,023 | | | 62,023 |
| Fidelity Freedom 2010 | Lifecycle Fund | 674,323 | | | 674,323 |
| Fidelity Freedom 2015 | Lifecycle Fund | 1,716,038 | | | 1,716,038 |
| Fidelity Freedom 2020 | Lifecycle Fund | 2,384,272 | | | 2,384,272 |
| Fidelity Freedom 2025 | Lifecycle Fund | 2,795,381 | | | 2,795,381 |
| Fidelity Freedom 2030 | Lifecycle Fund | 1,831,672 | | | 1,831,672 |
| Fidelity Freedom 2035 | Lifecycle Fund | 1,121,948 | | | 1,121,948 |
| Fidelity Freedom 2040 | Lifecycle Fund | 718,381 | | | 718,381 |
| Fidelity Freedom 2045 | Lifecycle Fund | 546,563 | | | 546,563 |
| Fidelity Freedom 2050 | Lifecycle Fund | 238,648 | | | 238,648 |
| Fidelity Freedom Income | Lifecycle Fund | 28,584 | | | 28,584 |
| Fidelity Select Natural Resources | Specialty Fund | 530,634 | | | 530,634 |
| Fidelity Spartan 500 Index Investment | Large Cap Fund | 188,956 | | | 188,956 |
| Fidelity Spartan Extended Market Index Investment | Mid Cap Fund | 95,618 | | | 95,618 |
| Fidelity Spartan International Index Investment | International Fund | 57,704 | | | 57,704 |
| Fidelity Spartan Total Market Index Investment | Large Cap Fund | 225,691 | | | 225,691 |
| Wells Fargo Advantage Small Cap Value Investment | Small Cap Fund | 158,999 | | | 158,999 |
| Oakmark Equity & Income I | Blended Investment Fund | 79,128 | | | 79,128 |
| Growth Funds: | | | | | |
| Baron Asset Retail | Mid Cap Fund | 180,410 | | | 180,410 |
| Baron Growth Retail | Small Cap Fund | 131,767 | | | 131,767 |
| Columbia Marisco 21st Century Z | Large Cap Fund | 69,231 | | | 69,231 |
| Columbia Real Estate Equity Z | Specialty Fund | 176,435 | | | 176,435 |
| Davis NY Venture A | Large Cap Fund | 75,595 | | | 75,595 |
| Fidelity International Discovery | International Fund | 59,423 | | | 59,423 |
| Bond Funds — Fidelity Government Income | Bond Fund | 432,624 | | | 432,624 |
| Income Funds — PIMCO Total Return Administrative | Income Fund | 255,575 | | | 255,575 |
| Total mutual funds | | 15,452,207 | - | - | 15,452,207 |
| Commingled pooled fund — Fidelity Managed Income Portfolio | | | 760,521 | | 760,521 |
| Total | | $16,341,146 | $760,521 | $ - | $17,101,667 |

**Transfers Between Levels** — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended, December 31, 2012 and 2011, there were no transfers in or out of Level 1, Level 2, or Level 3.

## 5. COMMINGLED POOLED FUND

The Fidelity Managed Income Portfolio (the "Fund") is a commingled pooled fund sponsored by Fidelity Management Trust Company that invests in guaranteed investment contracts. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of $1 per unit. Distribution to the Fund's unitholders is declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of $1 per unit; although, there is no guarantee that the Fund will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

**Limitations on the Ability of the Fund to Transact at Contract Value:**

*Restrictions on the Plan* — Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Fund to transact at contract value:

- The Plan's failure to qualify under Section 401(a) or Section 401(k) of the IRC
- The establishment of a defined contribution plan that completes with the Plan for employee contributions
- Any communication given to Plan participants by the Plan Sponsor, any other plan fiduciary, or Fidelity Management Trust Company that is designed to induce or influence participants not to invest in the Fund or to transfer assets of the Fund
- Any transfer of assets from the Fund directly to a competing investment option
- Complete or partial termination of the Plan or its merger with another plan.

There are no restrictions within the Fund related to frequency or notice periods for redemptions out of the Fund; however, the Fund may take up to 12 months to fulfill a payout in the event that withdrawals are directed by the Plan Sponsor. Any transfers out of the Fund must be held in a noncompeting investment option for 90 days before subsequent transfers to a competing fund can occur.

*Circumstances That Affect the Fund* — The Fund invests in assets, typically fixed-income securities or bond funds, and enters into "wrapper" contracts issued by third parties and invests in cash equivalents represented by shares in money market funds. A wrap contract is an agreement by another party, such as a bank or insurance company, to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow a stable value portfolio to maintain a constant NAV and protect a portfolio in

extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay a portfolio the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Fund or the administration of the Fund that is not consented to by the wrap issuer
- Any change in law, regulation, or administrative rule applicable to the Plan that could have a material adverse effect on the Fund's cash flow
- Employer-initiated transactions by participating plans as described above.

In the event that wrap contracts fail to perform as intended, the Fund's NAV may decline if the market value of its assets declines. The Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet their financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There are a limited number of wrap issuers. The Fund may lose the benefit of wrap contracts on any portion of its assets in default in excess of a certain percentage of portfolio assets.

**Average Yields** — Wrap contracts accrue interest based on the future interest crediting rate. The interest crediting rate is the discount rate that equates the estimated future value of the Fund with the Fund's current contract value. Crediting rates are reset monthly. The wrap contracts provide a guarantee that the crediting rate will not fall below 0%. Primary variables affecting future crediting rates of the Fund include the current yield, duration, and existing difference between market and contract value of the underlying assets within the wrap contract as of December 31, 2012 and 2011, as follows:

| | 2012 | 2011 |
|---|---|---|
| Average yields: | | |
| Based on annualized earnings (1) | 1.86 % | 1.92 % |
| Based on interest rate credited to participants (2) | 1.22 | 1.39 |

(1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date.

(2) Computed by dividing the annualized one-day earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date.

**Inputs and Valuation Techniques** — The Fund consists of Level 1, Level 2, and Level 3 investments, which accounted for 0.6%, 99.3% and 0.1%, respectively, of the Funds' investments as of December 31, 2012. The fair value of the Fund is determined based upon the underlying fair value of the Fund's investments.

The Fund's Level 2 investments consist primarily of debt securities that are valued based on prices received from independent pricing services or from dealers who make markets in such securities. In determining the fair value of the Level II investments, the pricing services utilized by the Fund use matrix pricing which considers yield or price of bonds of comparable quality, coupon, maturity and type, attributes of any collateral, as well as dealer-supplied prices. Short-term Level 2 securities with remaining maturities of 60 days or less for which quotations are not readily available are valued at amortized cost, which approximates fair value.

The Fund's Level 3 investments consist of investments in wrap contracts. These contracts are fair valued using a discounted cash flow model that considers recent free bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio of securities.

Due to the fact that 99.3% of the fair value of the Fund is based upon Level 2 investments, the Plan's investment in the Fund has been classified as a Level 2 investment as of December 31, 2012.

## 6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of money market funds, mutual funds, and commingled pooled funds that are managed by Fidelity Investments Institutional Operations Company, Inc. Fidelity Investments Institutional Operations Company, Inc., is owned by the same party that owns Fidelity Management Trust Company, and therefore, these transactions qualify as exempt party-in-interest transactions. However, such transactions are exempt from the prohibited transaction rules of ERISA and the IRC. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

## 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants will become 100% vested in their accounts.

## 8. TAX STATUS

The Plan uses a volume submitter profit-sharing plan document sponsored by Fidelity Management & Research Co. Fidelity Management & Research Co. received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2008, which states that the Plan satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements (modified cash basis).

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and recognize an income tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements (modified cash basis). The Plan is subject to routine audits by taxing jurisdictions. In November 2010, the IRS notified the Plan Administrator that it would examine the Plan's annual report and records for the year ended December 31, 2008. The IRS completed their examination and has accepted the return as filed with no

impact to the Plan. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2009.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS (MODIFIED CASH BASIS) TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements (modified cash basis) to the total net assets per the Form 5500 as of December 31, 2012 and 2011, and the increase in net assets per the financial statements (modified cash basis) to the net income per the Form 5500 for the year ended December 31, 2012, is as follows:

| | 2012 | 2011 |
|---|---|---|
| Net assets available for benefits per the financial statements (modified cash basis) | $21,051,502 | $18,024,658 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts | 24,875 | 18,757 |
| Total net assets available for benefits per the Form 5500 | $21,076,377 | $18,043,415 |

| | |
|---|---|
| Increase in net assets per the financial statements (modified cash basis) | $ 3,026,844 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts — December 31, 2012 | 24,875 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts — December 31, 2011 | (18,757) |
| Net income per Form 5500 | $ 3,032,962 |

For the year ended December 31, 2012, the following is a reconciliation of interest and dividend income per the financial statements to the Form 5500:

| | |
|---|---|
| Total interest and dividend income per the financial statements | $474,278 |
| Deduct dividends earned on the commingled pooled fund included in net investment gain (loss) from common/collective trusts per Schedule H Part II b(6) | (16,286) |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts — December 31, 2012 | 24,875 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts — December 31, 2011 | (18,757) |
| Total interest and dividend income per the Form 5500 | $464,110 |

* * * * * *

# SUPPLEMENTAL SCHEDULE

# LAMPS PLUS 401(k) PLAN

**Employer ID No: 95-3033131**
**Plan No: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2012**

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Mutual funds: | | | |
| | Allianz Funds | Allianz NFJ Dividend Value Administrative | ** | $ 193,413 |
| | Allianz Funds | Allianz NFJ Small Cap Value Administrative | ** | 83,545 |
| | Artisan | Artisan Mid Cap Value Investor | ** | 112,458 |
| | Baron Capital Group | Baron Asset Retail | ** | 209,967 |
| | Baron Capital Group | Baron Growth Retail | ** | 159,576 |
| | Columbia | Columbia Real Estate Equity Z | ** | 256,673 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Contrafund | ** | 70,561 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2000 | ** | 191,183 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2005 | ** | 60,798 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2010 | ** | 703,041 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2015 | ** | 1,771,834 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2020 | ** | 2,502,240 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2025 | ** | 3,369,745 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2030 | ** | 2,091,579 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2035 | ** | 1,451,682 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2040 | ** | 894,897 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2045 | ** | 694,255 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2050 | ** | 354,684 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom 2055 | ** | 13,469 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Freedom Income | ** | 24,395 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Government Income | ** | 447,451 |

(Continued)

# LAMPS PLUS 401(k) PLAN

**Employer ID No: 95-3033131**
**Plan No: 001**

## FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2012

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|---|---|---|---|---|
| | Mutual funds: | | | |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity International Discovery | ** | $ 96,425 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Select Natural Resources | ** | 600,291 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Spartan 500 Index Advantage | ** | 655,476 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Spartan Extended Market Index Advantage | ** | 178,015 |
| * | Fidelity Investments Institutional Operations Company, Inc. | Fidelity Spartan Total Market Index Average | ** | 152,651 |
| | Franklin Templeton Investments | Franklin Utilities A | ** | 197,422 |
| | PIMCO Funds | PIMCO Total Return Administrative | ** | 623,812 |
| | Wells Fargo Advantage | Wells Fargo Advantage Small Cap Value Investment | ** | 203,151 |
| | Total mutual funds | | | 18,364,689 |
| * | Money market fund — Fidelity Management Trust Company | Fidelity Retirement Money Market | ** | 919,436 |
| * | Commingled pooled fund — Fidelity Management Trust Company | Fidelity Managed Income Portfolio | ** | 869,239 |
| * | Various participants | Loans to participants (maturing from 2013 to 2037 at interest rates ranging between 4.25% and 9.25%) | ** | 923,013 |
| | | | | 21,076,377 |
| | | Adjustment from fair value to contract value for fully benefit-responsive investment contracts included in the commingled pooled fund | | (24,875) |
| | | | | $ 21,051,502 |

* Party in interest.
** Cost information is not required for participant-directed investments and, therefore, is not included.

See accompanying independent auditors' report.

(Concluded)

# SUPPLEMENTAL SCHEDULE

# LAMPS PLUS 401(k) PLAN

**Employer ID No: 95-3033131**
**Plan No: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2012**

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(Continued)

# LAMPS PLUS 401(k) PLAN

**Employer ID No: 95-3033131**
**Plan No: 001**

## FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2012

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