Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	1	F Complete all entries in acco	ruance with the motion	ctions to the Form 550	10- 3г.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20)12 	and ending	12/31/2	2012 			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descript	tion)						
Part II	Basic Plan Info	rmation—enter all requested inform	mation						
1a Name	•				1b	Three-digit			
ELECTRIC N	MIRROR 401(K) PLAN					plan number	001		
					10	(PN) Feffective date of			
					10	01/01/	•		
		dress; include room or suite number	(employer, if for a single-	-employer plan)	2b	Employer Identif	fication Number		
ELECTRIC I	MIRROR					(EIN) 91-1931723			
					2c		Sponsor's telephone number		
	ERLY PARK RD., BLD	G D				425-776-4946			
EVERETT, \	NA 96204				2d	Business code (
20 Dlan a		d address Description	Name Company	- C Adduses	2h	33700			
		nd address Same as Plan Sponsor	_	n Sponsor Address	30	Administrator's I	=IN 31723		
LECTRIC MI	IRROR	11831 BEVE EVERETT, W	RLY PARK RD., BLDG I VA 98204	J	3c	Administrator's t	elephone number		
						425-776			
		e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN			
	, EIN, and the plan hur or's name	mber from the last return/report.			4c	PN			
		at the beginning of the plan year			5a	T	104		
b Total i	number of participants	at the end of the plan year			5b		134		
C Numb	er of participants with a	account balances as of the end of the	e plan year (defined bene	efit plans do not					
	•				5c		34		
	•	s during the plan year invested in elig	•	•			X Yes No		
		the annual examination and report of the contract of the contractions on waiver eligibility					X Yes No		
		ther line 6a or line 6b, the plan car							
		or incomplete filing of this return/re							
Under pena	alties of perjury and oth	her penalties set forth in the instruction	ons, I declare that I have	examined this return/re	port, ir	cluding, if application	able, a Schedule		
		nd signed by an enrolled actuary, as v	well as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and		
bellet, it is	true, correct, and comp	nete.							
SIGN	Filed with authorized/	valid electronic signature.	10/15/2013	JAMES MISCHEL	JAMES MISCHEL				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor		
Preparer's	name (including firm n	ame, if applicable) and address; inclu	ude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		

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Par	t III Financial Information		-						
<u> </u>				/oor			(h) End of Voca		
	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 329480		
	Total plan liabilities	7a 7b	238090			329480			
	Net plan assets (subtract line 7b from line 7a)	7c	23809	90			329480		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,,,			(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	5203	32					
	(3) Others (including rollovers)	8a(3) 629							
<u>b</u>	Other income (loss)	8b	3434	18					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					92675		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	128	35					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1285		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					91390		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?				X		400000		
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c			100000		
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		1408		
f	Has the plan failed to provide any benefit when due under the plan					X	1400		
	<u> </u>			10f	X				
g h	Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	^	X	5193		
i	2520.101-3.)	ne require	d notice or one of the	10h		^			
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
_11a	Enter the amount from Schedule SB line 39					11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiverMonth Day Year								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		Т		
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Inform		moo with the meta			1			
		scal plan year beginning		01/2012	and ending		12/31/201	2		
A This ref	turn/report is for:	X a single-employer plan	Па	multiple-employer p	lan (not multiemployer)	iemployer) a one-participant plan				
	turn/report is:	the first return/report	Πī	he final return/report	ort					
	idii ii opoitioi	an amended return/rep			n/report (less than 12 m	onths))			
C Chack	box if filing under:	X Form 5558	=	utomatic extension		•	DFVC progra	am		
special extension (enter description)										
Part II	Rasic Plan Info	rmation—enter all reques								
1a Name		Titlation—enter all reque	sted miornat	1011		1b	Three-digit			
	ic Mirror 401	(k) PLan					plan number	001		
						_	(PN)			
						10	Effective date of 01/01/2005			
2a Dlan s	noneor's name and ad-	dress; include room or suite	number (em	ployer if for a single	-employer plan)	2h		ification Number		
	ic Mirror	aress, include room or suite	number (em	ployer, ir for a sirigic	employer plany	20	(EIN) 91-193			
						2c	Sponsor's telep	phone number		
11831	Beverly Park H	Rd., Bldg D					425-776-4	946		
						2d		(see instructions)		
Everet			204			-	337000			
		d address Same as Plan	Sponsor Na	me Same as Plai	n Sponsor Address	3b	Administrator's 91-193172			
Electr	ic Mirror					3c Administrator's telephone number				
11001	Danie Danie I	nd Dida D				425-776-4946				
11831 .	Beverly Park F	Ka., Blag D								
Everet	+	WA 98204								
						41				
		eplan sponsor has changed onber from the last return/rep		st return/report filed to	or this plan, enter the	40	EIN			
	or's name	ngor morn and radi rational p				4c	PN			
5a Total	number of participants	at the beginning of the plan	year			5a		104		
b Total i	number of participants	at the end of the plan year				5b	134			
C Numb	er of participants with a	account balances as of the	end of the pla	an year (defined bene	efit plans do not					
						5c		34		
		during the plan year invest					364	X Yes No		
		the annual examination an (See instructions on waive						X Yes No		
		ther line 6a or line 6b, the								
		or incomplete filing of this								
Under pena	alties of periury and oth	er penalties set forth in the	instructions.	I declare that I have	examined this return/rep	port, ir	ncluding, if applic	cable, a Schedule		
	edule MB completed ar true, correct, and comp	nd signed by an enrolled act	uary, as well	as the electronic ver	sion of this return/report	t, and	to the best of my	y knowledge and		
Deliei, it is	true, correct, and comp	nete.		·	1	_				
SIGN -	(5) SM	Francisco		04/18/2013	James Mischel	BI	RETKIN	sites		
HERE	Signature of plan a	dministrator)	Date	Enter name of individ	ual sig	gning as plan ad	ministrator		
SIGN		10	/	04/18/2013						
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor		
Preparer's		ame, if applicable) and add	ess; include					number (optional)		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a		380	90				329480
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	2	380	90				329480
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 7	otal	
а	Contributions received or receivable from:		***				700100		
	(1) Employers	8a(1)		F 2 0 '	20	-			
-	(2) Participants	8a(2)		5203	_	-			
	(3) Others (including rollovers).	8a(3)		629 3434	_	-	1,000		
_	Other income (loss)	8b		3434	18				00675
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	-	-			92675
u	to provide benefits)	8d		128	35				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g					100		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1285
_ i_	Net income (loss) (subtract line 8h from line 8c)	8i							91390
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature codes	from the List of Plan Chara	cteris	tic Cod	les in t	he instruct	ons:	
10	During the plan year:				Yes	No	l	Amount	
a	Was there a failure to transmit to the plan any participant contribut	tions within t	ne time period described in			Х		Allount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		^			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ind	lude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the benefit	s under the plan? (See	10e	Х				1408
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10a	Х				5193
h	If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR	- 3					
				10h		Х			
ī	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	10h 10i		Х			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the			Х			
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	10i	Sched	ule SE	3 (Form	Ye	s No
Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	e required n I-3ents? (If "Ye:	otice or one of the	10i plete		ule SE	3 (Form	Ye	s No
Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements of the plan subject to minimum funding requirements.	e required n I-3 ents? (If "Ye	otice or one of the	10i		ule SE			s No
Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39	e required n l-3 ents? (If "Ye	otice or one of the s," see instructions and com	10i		ule SE			
Part 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	e required n l-3 ents? (If "Yes requirement as applicabl g amortized	otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruc	10i	ection 3	ule SE	ERISA?	Ye	s 🛭 No
Part 11 11a 12 a	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	ents? (If "Yes	s," see instructions and comes of section 412 of the Code e.) in this plan year, see instructions and comes. Mon 5500), and skip to line 13.	10i uplete or se	ection 3	lule SE 11a 302 of	ERISA?	Ye	s 🛭 No

	Form 5500-SF 2012	Page 3 -				
	Enter the amount contributed by the employer to the	plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in I	ine 12b. Enter the result (enter a minus sign to the lef	t of a	12d		
е	Will the minimum funding amount reported on line 1	2d be met by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfers	of Assets				
		any plan year?		Y	es X No	
-	If "Yes," enter the amount of any plan assets that re	verted to the employer this year		13a		
b		r beneficiaries, transferred to another plan, or brough				Yes X No
С		transferred from this plan to another plan(s), identify				
	3c(1) Name of plan(s):	4	1	3c(2) Ell	V(s)	13c(3) PN(s)
-						
Part	VIII Trust Information (optional)					
	Name of trust			14b Tr	ust's EIN	