Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	Be This form is required to be filed u	е	013						
	epartment of Labor enefits Security Administration	This Form is Open to Pub								
Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 										
Part I Annual Report Identification Information										
For calenda	For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014									
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan			
B This ret	urn/report is:									
	[onths))							
C Check b	box if filing under:	Form 5558	utomatic extension			DFVC progra	m			
	Γ									
Part II	Basic Plan Inforn	special extension (enter description) nation —enter all requested information								
1a Name	•				1b	Three-digit				
	•	01(K) PROFIT SHARING PLAN				plan number	I.			
					L_	(PN) 🕨	001			
					1c	Effective date of	•			
			terrer if for a single (2b	07/01/				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LIGHTING GROUP NORTHWEST, INC.						Employer Identif (EIN) 47-088				
5700 6TH A	VE S, STE 215				2c	Sponsor's telepl 206-298				
	VA 98108-2511				2d	Business code (42512	Business code (see instructions)			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
•••				openeer interest						
		lan sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN				
	or's name				4c	PN	PN			
5a Total r	number of participants at	the beginning of the plan year			5a	35				
b Total r	number of participants at	the end of the plan year			5b	38				
		count balances as of the end of the plar			50		22			
		luring the plan year invested in eligible a			5c		33 X Yes No			
b Are yo	ou claiming a waiver of th	luring the plan year invested in eligible a ne annual examination and report of an See instructions on waiver eligibility and	independent qualified	d public accountant (IQF	PA)		X Yes No			
		er line 6a or line 6b, the plan cannot								
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see f	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	inless reasonable cau	ise is	established.				
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applica				
SIGN	Filed with authorized/val	lid electronic signature.	09/24/2014	CHRISTOPHER BREDL						
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							ninistrator			
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sic	ning as employe	r or plan sponsor			
Preparer's		ne, if applicable) and address; include r					number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	255022				2886318
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	255022	1			2886318
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		10500	0			
(1) Employers	8a(1)	105093		_		
(2) Participants	8a(2)	10004	1	_		
(3) Others (including rollovers)	8a(3)	40734	2	_		
b Other income (loss)	8b	40734	2			600004
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8C			-		698281
to provide benefits)	8d	33922	9			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f	2295	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					362184
i Net income (loss) (subtract line 8h from line 8c)	. 8i					336097
j Transfers to (from) the plan (see instructions)	- 8j					
b If the plan provides welfare benefits, enter the applicable welfare fer Part V Compliance Questions	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
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		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х	
f Has the plan failed to provide any benefit when due under the pla			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a			-	Х		E6040
 b) The plan have any participant loans? (in res, enter anount a b) If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruc	tions and 29 CFR	10g 10h		Х	56849
 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	he required	notice or one of the	10i			
Part VI Pension Funding Compliance						
			nloto	Scheo	lule SE	3 (Form
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
				<u></u>		
5500) and line 11a below)	rom Schedu	le SB (Form 5500) line 39			11a	
5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr	rom Schedu I requiremer	le SB (Form 5500) line 39 Its of section 412 of the Code			11a	
 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. 	rom Schedu I requiremer , as applicat ng amortized	le SB (Form 5500) line 39 hts of section 412 of the Code ble.) d in this plan year, see instruc Mon	e or se	ection :	11a 302 of	ERISA? Yes No
 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a prior year i	rom Schedu ı requiremer , as applicat ng amortized e MB (Form	le SB (Form 5500) line 39 Its of section 412 of the Code ble.) d in this plan year, see instruct Mon n 5500), and skip to line 13.	e or se	, and e	11a 302 of	ERISA? Yes No

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Ì	Form 5500-SF	Short Form Annual	Return/Repor Benefit Plan	rt of Small Emp	bloyee	OMB Nos. 1210 1210			
	Internal Revenue Service	This form is required to be filed under sections 104 and 4065 with a state				2013			
	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).				This Form is Open to Pul			
	sion Benefit Guaranty Corporation	Complete all entries in acce			5500-SE	Inspection			
For ca	t I Annual Report Ic	enuiication intormation			0000-01,	interior of the second sec			
	۳ ۲		07/01/2013	and ending		06/30/2014			
	is return/report is for:	a single-employer plan	a multiple	er plan (not multiemploy	/er) [] a one-participant plan			
— 113	Блекклиерсясть.	the first return/report an amended return/report	the final return/rep						
C Ch	eck box if filing under:	Form 5558		tum/report (less than 1.	2 months)				
	Lon over a reary canzer,	special extension (enter descript	_ automatic extensio	ĥ	L	DFVC program			
Part	II Basic Plan Infom	nation enter all requested infor	uon)						
1a Na	ame of plan	nation enter al requested infor	malion						
Li	ghting Group Nort	hwest				hree-digit an number			
40)1(k) Profit Shari	ng Plan				N) > 001			
		,			1C E	ffective date of plan			
2a Pla	in sponsor's name and addre	ss; include room or suite number (employer, if for a sinn	e-employer alon		7/01/2003			
1.1	ghting Group Nort.	hwest, Inc.		se employer plant		nployer Identification Number IN) 47-0882730			
	•					ponsor's telephone number			
57	00 6th Ave S, Ste	215			(2	206) 298-9000			
Sea	attle		14		2d Bu	siness code (see instructions			
3a Pla	n administrator's name and a	ddress XSame as Plan Sponsor I		A 98108-2511 an Sponsor Address		15120 ministrator's EIN			
		dalayogi ,		an opensor Address	JU AC	ministrator's EIN			
4 If th	te name and/or EIN of the pla	in sponsor has changed since the	ast return/report filed	for this plan, enter the	4b Elr	J			
	me, EIN, and the plan numbe insor's name	r from the last return/report.		1					
5a Tota	al number of participants at th	e beginning of the plan year			4C PN	·····			
b Tota	al number of participants at th	e end of the plan year		**********					
C Nun	noer or participants with acco	unt balances as of the end of the r	lon war (dofined have	- H - I	- <u>5b</u>				
	the second s	***************************************			. 5c				
A00 446	a com of the dish s assets due	100 the nian year invariad in all the	a						
		annual examination and report of a e instructions on waiver eligibility a line fa or line Sh the plan approximation							
-		The are at this and the their could	31 USE Form 5500-SE	and much instand	a Phase of Press	*			
C If the	Plan is a defined benefit plat	n, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		[] #			
Caution:	A penalty for the late or inc	complete filing of this return/rea	ort will be seened at						
Under per	nalties of perjury and other p	enalties set forth in the instructions ned by an enrolled actuary, as well	. I declare that I have	evamined this returning	use is esta	blished.			
belief, it is	s true, correct, and complete,	ined by an enrolled actuary, as well	as the electronic ver	sion of this return/repor	t, and to the	ng, it applicable, a Schedule best of my knowledge and			
		and the second	Naiolaine	2985		·			
	Elis k		19-19-Zold	Christopher B	redl	ne v A dina ya 1994 ili kuloyon makalaki, baya sisan kuna (kuna ya pina kuya dina da 1997) kuna da 1997 kuna y 			
SIGN		lature	Date		and the second	as olao administrator			
HERE	Signature of plan admin	SU HOF		A THEFT AND A THE TREAT AND A THE T	vidual signing as plan administrator				
HERE SIGN				Lines name or highly	and the second secon				
HERE SIGN HERE	Signature of amplover/al		an de la constantia de la Constantia de la constantia de la constanti	and and a second and a second and a second and a second as a s					
HERE SIGN HERE	Signature of amplover/al		an de la constantia de la Constantia de la constantia de la constanti	and and a second and a second and a second and a second as a s	ual signing i	as employer or plan sponsor			
HERE SIGN HERE	Signature of amplover/al		an de la constantia de la Constantia de la constantia de la constanti	and and a second and a second and a second and a second as a s	ual signing i	as employer or plan sponsor			
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v. 130118

Form 5500-SF 2013 130118

 a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) B Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 		(a) Beginning of	Year			(b) End of Year	
C Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a		550,	221	(b) End of Year 2,886,3		
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:					*****	C,000,3	
a Contributions received or receivable from:		2,5	550,	221		2,886,3	
Contributions received or receivable from: (1) Employers		(a) Amount				فشيا الترجي مساعلة وارتساط سيلتشارا ويعند فعافله ويعمد مشاهر اوارتبا المساعدة	
11 winds you and the second seco	T					(b) Total	
(2) Participants	Y		05,			Commence and the second se	
(2) Participants	Ba(2)	1	85,8	347	······		
b Other income (loss)	<u>- 8a(3)</u>	ىرى <u>ئەر بەر بەر مەر مەر بەر بەر بەر بەر بەر بەر مەر مەر مەر مەر مەر مەر مەر مەر مەر م</u>			17		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8b</u>		07,3	342			
a Benefits paid (including direct rollovers and insurance promiume)	1 1					698,2	
to provide denetits)	. 8d	3	39,2	229			
e Certain deemed and/or corrective distributions (see instructions).	. 8e					و معروف المعالية المحالية المعالية المعالية المعالية المعالية المحالية المحالية المحالية المحالية ال	
f Administrative service providers (salaries, fees, commissions)	. 8f		22,9	55			
g Other expenses	80	a na ang ang ang ang ang ang ang ang ang	·····			ومحمد والمستقد والمستقد والمشافعة والمراجع ومستعلق وبواجع فالمقاور والمستعد	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	85			-+-		260 16	
Net income (loss) (subtract line 8h from line 8c)	81		/////////////////////////////////////			362,18	
Transfers to (from) the plan (see instructions)	8j	20 10 - 14-15 - 17-15 - 17-15 - 17-15 - 17-15		-+		336,09	
art IV Plan Characteristics		an a share and a state of the		Ŀ			
During the plan year: a Was there a failure to transmit to the plan service strength to the			بينوري متوفي الكالة	Yes	No	Amount	
29 CFR 2510.3-102? (See instructions and DOI 's Voluptant Edu					.		
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	2 / 5		10a	<u> </u>	X	ىرى جى مىڭىزىيىتى بىرى بىرى مىڭ يۇنچى مىكى يېرىك يۇرىك يۇرىك يېرىك يېرىك يېرىك يېرىك يېرىك يېرىك يېرىك يېرىك يې يېرىك يېرىك يېر	
C Was the plan covered by a fidelity bond?		2	106				
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? a Ware any focus or another in the plan's or dishonesty? 	C	······································	10c	X		1,000,00	
YOU DITY ICCS OF COMMISSIONS Date to any processing and the second se			10d		X	and and the second s	
Has the plan failed to provide any benefit when due under the plan			10e		Х		
 Did the plan basis and a provide any benefit when due under the plan 	?		10f		х		
But the plan have any participant loans? (If "Yes " appendix approximation of the plan have any participant loans? (If "Yes " appendix	of year end.)		10g	x]	56,849	
Did the plan have any participant loans? (If "Yes," enter amount as	see instructions	and 29 CFR					
I UNIS IS an Individual account plan, was there a blackout perioda to			10h		X	and the state of t	
If this is an individual account plan, was there a blackout period? (\$ 2520,101-3.) If 10h was answered "Yes," check the boy if you other provided the		3 OF ODE of the I		- 1			
If this is an individual account plan, was there a blackout period? (\$ 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-	- теңиней пойск 3		40:	1			
If this is an individual account plan, was there a blackout period? (\$ 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- t VI Pension Funding Compliance	3		10i			WWW.commenced.com/action/processing/actionality.com/action/action/	
 If this is an individual account plan, was there a blackout period? (\$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 requirement 5500) and line 11a below) 	3 	ee instructions and com	olete S		ule SB (Fo		
 If this is an individual account plan, was there a blackout period? (\$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 requirement 5500) and line 11a below) 	3 	ee instructions and com	olete S			orm	
If this is an individual account plan, was there a blackout period? (\$ 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- t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from	3 nts? (If "Yes," s π Schedule SB	ee instructions and com	olete S	1		Yes X No	
 If this is an individual account plan, was there a blackout period? (\$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- t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) I Enter the unpaid minimum required contribution for current year from is this a defined contribution plan subject to the minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 13b below.	3 nts? (If "Yes," s n Schedule SB quirements of i	ee instructions and com (Form 5500) line 39 section 412 of the Code	olete S or sec	1 tion 3	1a D2 of ERIS	SA? Yes 🕅 No	
If this is an individual account plan, was there a blackout period? (\$ 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- t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from	3 nts? (If "Yes," s n Schedule SB equirements of s applicable.) amortized in th	ee instructions and com (Form 5500) line 39 section 412 of the Code is plan year, see instruct	olete S	1 tion 3	1a D2 of ERIS	SA? Yes X No	

Page 2

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Page 3 -

14b Trust's EIN

C Enter the amount contributed by the employer to the plan for this plan year	terio a tracta de la companya de la			ويوجد والمحافظ والمحافظ والمراجع المواجع والمراجع
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the k	eft of a	12c		ŦĊĊŦĸŦĹŦŦŎĸŦŦŦĸŦĸĹŢŎŦŦŦŦĸŦŦŢŎĊŎĬŎŦŦĸĹĹŎŢŎŢŦĸĿĹĸĹĊĊĿŎ
Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and			<u> </u>	1
Part VII Plan Terminations and Transfers of Assets			Yes	No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?				
if "Yes," enter the amount of any plan assets that reverted to the employer this year			Yes X N	0
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough c If during this plan year, any graph or life true 	nt under the c	13a xontrol	<u> </u>	-
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)			<u> </u>	Yes 🕅 No
13c(1) Name of plan(s):				
	13	ic(2) El	N(s)	13c(3) PN(s)
				1
Part VIII Trust Information (optional)				<u> </u>
14a Name of trust				