Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	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), and 6058(a) of the Internal Revenue Code (the Code).	2009			
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2009			
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
Part I Annual Report Ider	tification Information				
For calendar plan year 2009 or fiscal	plan year beginning 01/01/2007 and ending 12/31/	2007			
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or				
·	a single-employer plan; a DFE (specify)				
<b>B</b> This return/report is:	the first return/report; the final return/report;				
·	an amended return/report; a short plan year return/report (less t	than 12 months).			
<b>C</b> If the plan is a collectively bargein	ed plan, check here.				
<b>D</b> Check box if filing under:	☐ Form 5558; ☐ automatic extension;	the DFVC program;			
5	Special extension (enter description) NO RECORD OF 2007 FILING				
Part II Basic Plan Inform	nation—enter all requested information				
1a Name of plan		<b>1b</b> Three-digit plan			
	01K PROFIT SHARING PLAN & TRUST	number (PN) ► 001			
		1c Effective date of plan 02/02/2005			
2a Plan sponsor's name and addres (Address should include room or s SYNAPSE PRODUCT DEVELOPME		<b>2b</b> Employer Identification Number (EIN) 52-2363465			
	1511 6TH AVENUE FOURTH FLOOR	<b>2c</b> Sponsor's telephone number 206-381-0898			
1511 6TH AVENUE FOURTH FLOOF SEATTLE, WA 98101	2d Business code (see instructions) 541700				

## 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.	09/02/2010	ROSS COLLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

		-				
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")	<b>3b</b> Ac	Iministrator's EIN			
SY	NAPSE PRODUCT DEVELOPMENT LLC	52-2363465				
	I1 6TH AVENUE FOURTH FLOOR ATTLE, WA 98101	nu	Iministrator's telephone Imber 6-381-0898			
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 the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		<b>4c</b> PN			
5	Total number of participants at the beginning of the plan year	5	47			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
а	Active participants	6a	30			
b	Retired or separated participants receiving benefits	6b	0			
c	Other retired or separated participants entitled to future benefits	6c	18			
d	Subtotal. Add lines 6a, 6b, and 6c	6d	48			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0			
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	48			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0			
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 Characteristic Codes in the instructions: 2E 2G 2J 2K 3E

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

9a	9a Plan funding arrangement (check all that apply)					<b>9b</b> Plan benefit arrangement (check all that apply)				
	(1)		Insurance		(1)		Insurance			
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts			
	(3)	X	Trust		(3)	Х	Trust			
	(4)		General assets of the sponsor		(4)		General assets of the sponsor			
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are					ed, and, wh	nere	e indicated, enter the number attached. (See instructions)			
а	Pensio	n Sc	hedules	b	General	Sch	nedules			
а	Pensio (1)	n Sc	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)			
а		n Sc		b		Sch X				
а	(1)	n Sc X	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1)	Sch X	H (Financial Information)			
а	(1)	n Sc X	<ul><li>R (Retirement Plan Information)</li><li>MB (Multiemployer Defined Benefit Plan and Certain Money</li></ul>	b	(1) (2)	Sch X	<ul><li>H (Financial Information)</li><li>I (Financial Information – Small Plan)</li></ul>			
а	(1)	n Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1) (2) (3)	Sch ×	<ul> <li>H (Financial Information)</li> <li>I (Financial Information – Small Plan)</li> <li>A (Insurance Information)</li> </ul>			

Page **2** 

bTotal plan liabilities		SCHEDULE I	form	ation—Sr	nall	Plan			OMB No. 1210-011	0											
International tensor         Retirement Income Security Act of 1974 (ERISA), and section 6056(a) of the Internal Revenue Code (Itto Code).         This Form is Open to Public Inspection           Proceeding in year 2009 of ficial plan year beginning         0101/2007         and anding         12/31/2007           Port elevator processing         0101/2007         and anding         12/31/2007           A Name of plan         SynAPSE STRATEGIC PRODUCT 401K PROFIT SHARING PLAN & TRUST         B         These-digit         001           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)         52/32/304           SyNAPSE PRODUCT DEVELOPMENT LLC         D         Employer Identification Number (EIN)         52/32/304/66           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)         52/32/34/66           Complete Schedule If the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule If you are fling as a strain plan under the 05 1/32 participant rule (se instruction). Complete Schedule II reporting as a targe plan or DFE.         Plan Assets and Labilities:         (a) Beginning of Year         (b) End of Year           Text Data assets         The Assets and Labilities:         (a) Beginning of Year         (b) End of Year         (b) End of Year           Text Data assets         The Assets and Labilities:         (a) B		(Form 5500)																			
Import basis         This Form is 00 on to Public Inspection           Prove interest and Laborator Copyrates         0.0101/2007         and ending         1/231/2007           A name of plan         Different and plan sear 2009 or fiscal plan year beginning         0.011         0.01           Private and plan         Different and plan         0.01         0.01           Strake Bit CP Public Product A 01K PROFIT SHARING PLAN & TRUST         B         Three-digit plan number (PN)         0.01           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)         52/2363465           Complete Schedule II the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule II if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule II reporting as a large plan or DFE.         Part II         Strake Schedule II the plan covered fewer than 100 participants as of the beginning of the plan year. Combine the value of plan year to plan year to play a specific dol benefit at future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/recepts to for surgrange shares and Liabilities:         (a) Beginning of Year         (b) End of Year           1         Plan Assets and Liabilities:         1a         4/93214         75:           2         Income, Expenses, and Transfers for this Plan Year:         (a) Amount         (b) End of Year <th></th> <th colspan="6">Department of the Treasury Internal Revenue Service 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</th> <th colspan="4">2009</th>		Department of the Treasury Internal Revenue Service 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						2009													
Process team         Prime as an attachment to Form 300.         The spectron           Process team         01012007         and ending         12312007           A Name of plan         Operating 12312007         and ending         12312007           A Name of plan         Proce-digit         001           STMAPSE STRATEGIC PRODUCT 401K PROFIT SHARING PLAN & TRUST         B         Three-digit         001           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)         52-2363465           Complete Schedule II the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule II and the 30-12 participant fuel (see instructions). Complete Schedule II are porting as a large plan or DFE.         Part 1         Small Plan Indian teal isolations, incomes and the part ware. Combine the value of plan year: Combine the value of plan year combine	E				,	,		-	Thie	Form is Open to	Public										
A Name of plan       Out       Out         SYNAPSE STRATEGIC PRODUCT 401K PROFIT SHARING PLAN & TRUST       B       Three-digit plan number (PN)       Out         C Plan sponsor's name as shown on line 2a of Form 5500       D       Employer Identification Number (EIN)       52-2363465         Complete Schedule II the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a large plan or DFE.       Part 1       Small Plan indent the 80-120 participants (as for the plan year. You may also complete Schedule I if you are filing as a large plan or DFE.         Part I       Small Plan indent the 80-120 participants (as of the beginning of the plan year. You may also complete Schedule I if you are filing as a large plan or DFE.       Part 1       Small Plan indent the 80-120 participants (as of the plan year. You may also complete Schedule I if you are filing as a large plan or DFE.         Part I       Small Plan indent files (hum compared expenses), transfers and changes in net acasts during the plan year. Combine the value of a posterior of the plan induring any trust(s) or separately maintained fund(s) and any payments/recepts toffor insurance carriers. Round of amounts to the nearest dollar.       (a) Beginning of Year       (b) End of Year         1       Plan Assets and Liabilities:       1a       493214       75:         2       Income.       2a(1)       1072741       (b) Total         (i) Employers       2a(2)       1072741       (b) Total       (c) T			► File as a	an attac	hment to Form	5500.			1115		Fublic										
SYNAPSE STRATEGIC PRODUCT 401K PROFIT SHARING PLAN & TRUST	For	calendar plan year 2009 or fiscal plan y	vear beginning 01/01/200	07		а	and ending	12/3	31/2007												
SYNAPSE PRODUCT DEVELOPMENT LLC           52/2303465           Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a smal plan under the 80-120 participant rule (see instructions). Complete Schedule I if reporting as a large plan or DFE.           Part I         Small Plan Financial Information           Report below the current value of assets and liabilities. Include all income, expenses, transfers and changes in net assets during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts totro insurance carriers. Round off amounts to the nearest dollar.           Plan Assets and Liabilities:         (a) Beginning of Year         (b) End of Year           Contributions received or receivable:         (a) Amount         (b) Total           Oratal plan assets (subtract line 1b from line 1a)         C         430314         753           2         Income, Expenses, and Transfers for this Plan Year:         (a) Amount         (b) Total           (i) Employers         2a(3)         7347         747           3         Other income         2a         57079         6           Contributions received or receivable:         2a         1007774         36         36         36           G Other income         2a         57079         6         7			PROFIT SHARING PLAN & T	RUST			0		•	001											
small plan under the 80-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan of DFE.          Part I       Small Plan Financial Information         Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan any payments/receipts torfor insurance carriers. Round off amounts to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       1a       493214       765         b       Total plan assets.       1b       (b) End of Year         a       Control plan liabilities.       1b       (b) Total         c       Notaphasse, and Transfers for this Plan Year:       (a) Amount       (b) Total         c       Controlutions received or receivable:       2a(1)       107274         (a) Other income.       2b       0       0         c       Other income       2a(2)       192911         (b) Total       2a(3)       7347         b) Noncash contributions received or receivable:       2a(3)       7347         (b) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).       2d       10434         (c) Control broome       2g<	SYN	IAPSE PRODUCT DEVELOPMENT LL	С			52-	2363465														
Tepot below the current value of assets and liabilities; income, expenses, transfers and changes in net assets during the plan year. Combine the value of passets held in more than one trist. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dolla benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to fromisurance carriers. Round off amounts to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         2       Total plan assets       1a       493214       75:         5       Total plan assets (subtract line 1b from line 1a).       1c       493214       75:         6       Net plan assets (subtract line 1b from line 1a).       1c       493214       75:         6       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (a) Amount       (b) Total         (1)       Employers       2a(1)       107274       0         (2)       Participants       2a(2)       192911       36         (3)       Others (including rollovers)       2d       0       36         7       Cottal income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0       0         6									ete Scheo	dule I if you are filin	g as a										
assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dolla benefit at a turine date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/fro- insurance carriers. Round off amounts to the nearest dollar.          1       Plan Assets and Liabilities:       image: imag	Ра	rt I Small Plan Financial Inf	ormation																		
a Total plan assets       1a       493214       765         b Total plan liabilities       1b	asse ben	ets held in more than one trust. Do not e efit at a future date. Include all income a	enter the value of the portion and expenses of the plan inc	of an in	surance contrac	t that g	uarantees	during th	is plan ye	ar to pay a specific	c dollar										
b       Total plan liabilities       1b         c       Net plan assets (subtract line 1b from line 1a)       1c       493214       753         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (a) Amount       (b) Total         (1)       Employers       2a(1)       107274         (2)       Participants       2a(2)       192911         (3)       Others (including rollovers)       2a(3)       7347         b       Noncash contributions       2b       0         C       Other income       2c       57079         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       36         e       Benefits paid (including direct rollovers)       2e       104334         f       Corrective distributions (see instructions)       2f       0         g       Other expenses       2i       275       10         i       Other expenses       2i       275       10         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       26       10         i       Other expenses       2i       275       10       26       <	1	Plan Assets and Liabilities:			<b>(a)</b> Be	eginning	g of Year			(b) End of Year											
c       Net plan assets (subtract line 1b from line 1a)	а	Total plan assets		. 1a			4	493214			753370										
Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         Contributions received or receivable:       2a(1)       107274         (i) Employers       2a(2)       192911         (j) Others (including rollovers)       2a(3)       7347         b Noncash contributions       2b       0         c Other income       2c       57079         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       36         c Corrective distributions of participant loans       2g       0         g Certain deemed distributions of participant loans       2g       0         g Certain deemed distributions of participant loans       2g       0         g Certain deemed distributions of participant loans       2g       0         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       275         j Total expenses (add lines 2e, express)       2i       275         j Total expenses (add lines 2e, express)       2i       2k         j Total expenses (add lines 2e, express)       2i       2k	b	Total plan liabilities		. 1b																	
a Contributions received or receivable:       i <th>С</th> <td>Net plan assets (subtract line 1b from</td> <th>line 1a)</th> <td>1c</td> <td></td> <td></td> <td>4</td> <td>493214</td> <td colspan="4">753370</td>	С	Net plan assets (subtract line 1b from	line 1a)	1c			4	493214	753370												
(1) Employers       2a(1)       107274         (2) Participants       2a(2)       192911         (3) Others (including rollovers)       2a(3)       7347         b Noncash contributions       2b       0         c Other income       2c       57079         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       36         e Benefits paid (including direct rollovers)       2e       104334         f Corrective distributions (see instructions)       2f       0         g Certain deemed distributions of participant loans (see instructions)       2g       0         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10         k Net income (loss) (subtract line 2j from line 2d)       2k       2i       26         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a comminged trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a Partnership/	2	Income, Expenses, and Transfers fo	or this Plan Year:		(	(a) Amount				(b) Total											
(2) Participants	а	Contributions received or receivable:																			
(2) Participants		(1) Employers		2a(1)				107274													
(3) Others (including rollovers)       2a(3)       7347         b Noncash contributions       2b       0         c Other income       2c       57079         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       36         e Benefits paid (including direct rollovers)       2e       104334         f Corrective distributions (see instructions)       2f       0         g Certain deemed distributions of participant loans (see instructions)       2g       0         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10         k Net income (loss) (subtract line 2j from line 2d)       2k       2e         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a Partnership/joint venture interests.       3a       X         b Employer real property       3c       X         c Real estate (other than employer real property)       3c       X								192911													
b       Noncash contributions.       2b       0         c       Other income       2c       57079         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).       2d       36         e       Benefits paid (including direct rollovers)       2e       104334         f       Corrective distributions (see instructions)       2f       0         g       Certain deemed distributions of participant loans (see instructions)       2g       0         f       Administrative service providers (salaries, fees, and commissions)       2h       0         i       Other expenses.       2i       275         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10         k       Net income (loss) (subtract line 2j from line 2d)       2k       26         1       Transfers to (from) the plan (see instructions)       2i       2i       26         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       X         3       Partnership/joint ventu								7347	347												
2       20       20       57079         C       Other income       2c       57079         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	h	() () () () () () () () () () () () () (						0	-												
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a       Total interine (add lines 2a(1), 2a(2), 2a(3), 2b, and 2b)																		01010			364611
Corrective distributions (see instructions)       2f       0         g Certain deemed distributions of participant loans (see instructions)       2g       0         h Administrative service providers (salaries, fees, and commissions)       2h       0         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       275         i Other expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k       26         l Transfers to (from) the plan (see instructions)       2l       2l         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan s of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a Partnership/joint venture interests.       3a       X         b Employer real property.       3b       X         c Real estate (other than employer real property)       3c       X	u						104224														
Image: Contention of the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Image: Vertical assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.         Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.         Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.         Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.         Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.         Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture interests.       Image: Partnership/joint venture in	e																				
(see instructions)       2g       0         h Administrative service providers (salaries, fees, and commissions)       2h       0         i Other expenses       2i       275         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10         k Net income (loss) (subtract line 2j from line 2d)       2k       26         1 Transfers to (from) the plan (see instructions)       2l       21         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a Partnership/joint venture interests.       3a       X       1       1         b Employer real property.       3b       X       1       1         c Real estate (other than employer real property)       3c       X       1	t		•	2f				0													
h       Administrative service providers (salaries, fees, and commissions)       2h       0         i       Other expenses       2i       275         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       10/         k       Net income (loss) (subtract line 2j from line 2d)       2k       26         l       Transfers to (from) the plan (see instructions)       2l       2l         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X       1         b       Employer real property.       3b       X       1         c       Real estate (other than employer real property)       3c       X       1	g			2a				0													
i       Other expenses       2i       275         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       104         k       Net income (loss) (subtract line 2j from line 2d)       2k       260         j       Transfers to (from) the plan (see instructions)       2l       20         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X       3a       X         b       Employer real property.       3b       X       3b       X         c       Real estate (other than employer real property)       3c       X       4	h	· · · ·						0													
j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       104         k       Net income (loss) (subtract line 2j from line 2d)       2k       260         l       Transfers to (from) the plan (see instructions)       2l       2l         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X           b       Employer real property.       3b       X           c       Real estate (other than employer real property)       3c       X		• •	,					275													
k       Net income (loss) (subtract line 2j from line 2d)	i				L						104609										
I       Transfers to (from) the plan (see instructions)       2I         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X         b       Employer real property.       3b       X         c       Real estate (other than employer real property)       3c       X	, k			-							260002										
<ul> <li>3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a by-line basis unless the trust meets one of the specific exceptions described in the instructions.</li> <li>Yes No Amount</li> <li>Partnership/joint venture interests</li></ul>	I										0										
a Partnership/joint venture interests	3	Specific Assets: If the plan held assets remaining in the plan as of the end of the	at anytime during the plan year plan year. Allocate the value o	ar in any f the plar	n's interest in a co																
b       Employer real property					r		Yes	No		Amount											
C Real estate (other than employer real property)	а	Partnership/joint venture interests				3a															
	b	Employer real property				3b		X													
d Employer securities	С	Real estate (other than employer real	property)			3c		Х													
	d	Employer securities				3d		X													
e Participant loans							Х				16944										
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 Schedule I (Form 5500	-	•					5500	<u> </u>		Schedule I (Form											

chedule l	l (Form	5500)	2009
		v.092	2308.1

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II	Compliance Questions				
4	During	the plan year:		Yes	No	Amount
а	describe	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×	
b	year or	ny loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance	4b		X	
С		ny leases to which the plan was a party in default or classified during the year as tible?	4c		Х	
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions I on line 4a.)	4d		Х	
е	Was the	plan covered by a fidelity bond?	4e		Х	
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		X	
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X	
h		plan receive any noncash contributions whose value was neither readily determinable on an ned market nor set by an independent third party appraiser?	4h		X	
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest?	4i		X	
j		the plan assets either distributed to participants or beneficiaries, transferred to another plan, ht under the control of the PBGC?	4j		X	
k	account	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k		X	
I	Has the	plan failed to provide any benefit when due under the plan?	41		Х	
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	4m		X	
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n	Х		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo A	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)

	S	CHEDULE R	R	etirement	Plan Inform	ation		_	(	OMB No.	1210-01	10		
	(	(Form 5500)	This schedule is required to be filed under section 104 and 4065 of the						2009					
		partment of the Treasury Iternal Revenue Service	Employee Re	tirement Income S	ecurity Act of 1974 ( al Revenue Code (th	ERISA) and se								
E		Department of Labor Benefits Security Administration			achment to Form {	,			This F	orm is ( Inspe	Open to ction.	Publ	ic	
For		Benefit Guaranty Corporation	lan year beginning	01/01/2007		and endir	na	12/31	/2007					
	lame o		an year beginning	0.00.02001		B	U	ree-digi						
		STRATEGIC PRODUCT 401	1K PROFIT SHARII	NG PLAN & TRUS	Т		pl	an num PN)		00	)1			
		onsor's name as shown on li PRODUCT DEVELOPMENT		)		D		nployer 52-2363	ldentifica 465	tion Nun	nber (El	N)		
	rt I	Distributions												
All	referei	nces to distributions relate	only to payments	of benefits durin	g the plan year.									
1		value of distributions paid in actions						1					0	
2		the EIN(s) of payor(s) who p rs who paid the greatest dolla			participants or benef	iciaries during t	the ye	ar (if m	ore than	two, ent	er EINs	of the	two	
	EIN	40.4470000		, 										
	Profi	t-sharing plans, ESOPs, an	nd stock bonus pla	ans, skip line 3.				·						
3		per of participants (living or d						. 3					0	
Pa	art II	Funding Informati		not subject to the m	iinimum funding req	uirements of se	ection	of 412	of the Inte	ernal Re	venue (	Code	or	
4	Is the	plan administrator making an	,	e section 412(d)(2) (	or FRISA section 302	(d)(2)?		. [	Yes	Π	No	X	N/A	
		plan is a defined benefit p						L	-					
5		aiver of the minimum funding				ate: Month			Day		Year _			
	lf you	u completed line 5, comple	ete lines 3, 9, and 1	0 of Schedule ME	3 and do not comp	lete the remain	nder	of this :	schedule					
6	аE	nter the minimum required co	ontribution for this p	olan year				6a					0	
	b E	nter the amount contributed	by the employer to	the plan for this plan	an year			6b					0	
		ubtract the amount in line 6b enter a minus sign to the left						6c					0	
		u completed line 6c, skip li						00						
7	•	he minimum funding amount		be met by the fun	ding deadline?				Yes		No	×	N/A	
8	autor	hange in actuarial cost methon natic approval for the change he change?	e or a class ruling le	etter, does the plan	sponsor or plan ad	ministrator agre	e	Г	Yes	Π	No		N/A	
Ра	art III	Amendments												
9		is a defined benefit pension	plan. were any am	endments adopted	during this plan									
_	year	that increased or decreased es). If no, check the "No" box	the value of benefit	ts? If yes, check th	e appropriate	Increase	1	Dec	rease	В	oth		No	
Pa	rt IV	ESOPs (see instrustion skip this Part.	uctions). If this is no	ot a plan described	under Section 409(	a) or 4975(e)(7	) of th	ne Interr	nal Rever	nue Cod	e,			
10	Were	e unallocated employer secur	rities or proceeds fr	om the sale of una	llocated securities u	sed to repay ar	ny exe	empt loa	an?		Yes		No	
11	а	Does the ESOP hold any pre	eferred stock?								Yes		No	
		If the ESOP has an outstand (See instructions for definitio	0 1			•					Yes	[	No	
12	Does	the ESOP hold any stock th	nat is not readily trad	dable on an establi	shed securities mar	ket?					Yes		No	
For	Paper	work Reduction Act Notice	e and OMB Contro	l Numbers, see tl	he instructions for	Form 5500.			Sc	hedule	R (For	n 550	0) 2009	

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Page **2-**1

Pa	rt V	1	Additional Information for Multiemployer Defined Benefit Pension Plans							
13			ollowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in See instructions. <i>Complete as many entries as needed to report all applicable employers.</i>							
	a	,	e 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							
			see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
		. ,								
	а		e of contributing employer							
	<u>b</u>	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	Contribution rate information ( <i>If more than one rate applies, check this box</i> and see <i>instructions regarding required attachment.</i> Otherwise, <i>complete items 13e(1) and 13e(2).</i> ) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, objecte items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							

14	Enter the number of participants on whose behalf no contributions wer	re made by an employer as an employer of the
----	---	--

participant for:				
	a The current year	. 14a		
	<b>b</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>b</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>b</b> If item 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	<b>19</b> If the total number of participants is 1,000 or more, complete items (a) through (c)			
	<ul> <li>a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0 3-6 years 0 6-9 years 0 9-12 years 1 12-15 years 1 15-18 years 1 18-21 years 2 1 years or more</li> </ul>			
	C What duration measure was used to calculate item 19(b)?			



September 2, 2010

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Re: 2007 Form 5500

To Whom It May Concern:

I recently received a letter from the IRS with the information that we had not filed our 2007 Form 5500. Upon receipt, I researched and found that our Form 5500 had been prepared, but unfortunately we did not have a record from the DOL that it was submitted. It is believed however, that the form was sent on or near the due date of 7/31/08.

I cannot offer any better explanation at this time, but we do have all of our Form 5500s on file and can be reproduced at any time.

I wish to respectfully request that any penalty associated with this miscommunication be abated. Please do not hesitate to come to me with any questions.

Kind regards, Sator Kella Kelly Gates Controller

Synapse Product Development, LLC 1511 6<sup>th</sup> AVE, 4<sup>th</sup> Floor Seattle, WA 98101 v 206.381.0898 f 206.381.0899 w synapsedev.com

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