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 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).			
C If the plan is a collectively bargein	ed plan, check here.				
D 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		1b 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		2b Employer Identification Number (EIN) 52-2363465			
	1511 6TH AVENUE FOURTH FLOOR	2c 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")	3b 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		4c 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 6d and 6e	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)					9b 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			
10 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	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Sch X	H (Financial Information)			
а	(1)	n Sc X	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sch X	H (Financial Information)I (Financial Information – Small Plan)			
а	(1)	n Sc	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Sch ×	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) 			

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)																			
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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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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
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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 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	19 If the total number of participants is 1,000 or more, complete items (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 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 			
	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 6th AVE, 4th Floor Seattle, WA 98101 v 206.381.0898 f 206.381.0899 w synapsedev.com

-confidential-

