

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
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 than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan INITIATE SYSTEMS, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/1999	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INITIATE SYSTEMS, INC. 200 W MADISON ST STE 2300 CHICAGO, IL 60606-3416	2b Employer Identification Number (EIN)	36-3990887	
	2c Sponsor's telephone number	312-395-1382	
	2d Business code (see instructions)	541519	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	JOE SCHWADERER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	JOE SCHWADERER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INITIATE SYSTEMS, INC. 200 W MADISON ST STE 2300 CHICAGO, IL 60606-3416	3b Administrator's EIN 36-3990887 3c Administrator's telephone number 312-395-1382
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	343
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	286
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	92
d Subtotal. Add lines 6a , 6b , and 6c	6d	378
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	378
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	249
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	33

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INITIATE SYSTEMS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. INITIATE SYSTEMS, INC.		
D Employer Identification Number (EIN) 36-3990887		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	378	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	73559
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	18512
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, TAKEOVER	7c(5)	854108
(6) Total additions	7c(6)	946179
d Total of balance and additions (add b and c(6)).	7d	946179
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66139
(2) Administration charge made by carrier	7e(2)	462
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ LOAN WITHDRAWAL, CORRECTION, OUTSIDE INVESTMENT TRANSFER	7e(4)	286463
(5) Total deductions	7e(5)	353064
f Balance at the end of the current year (subtract e(5) from d)	7f	593115

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INITIATE SYSTEMS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INITIATE SYSTEMS, INC.	D Employer Identification Number (EIN) 36-3990887	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	2496	Yes ☒ No ☐	Yes ☒ No ☐	151	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INITIATE SYSTEMS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INITIATE SYSTEMS, INC.	D Employer Identification Number (EIN) 36-3990887	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7032711	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16389	12242
(2) Participant contributions	1b(2)	0	62567
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	149
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	69408
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	36342	169060
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	10518201
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	593115
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7085442	11424742

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7085442	11424742
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	275745	
(B) Participants	2a(1)(B)	2009688	
(C) Others (including rollovers)	2a(1)(C)	477874	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2763307
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3119	
(F) Other	2b(1)(F)	18512	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21631
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	52	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	192156	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		192208
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	3372	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3372
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1857337
c Other income.....	2c		10370
d Total income. Add all income amounts in column (b) and enter total.....	2d		4848225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	506128	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		506128
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2797	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2797
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		508925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4339300
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SHEPARD SCHWARTZ & HARRIS LLP

(2) EIN: 36-1220454

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		657
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....		X	0
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>INITIATE SYSTEMS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INITIATE SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>36-3990887</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u> <u>42-1330598</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If 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** 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 ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

**INITIATE SYSTEMS, INC.
401(K) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2009 AND 2008

INITIATE SYSTEMS, INC. 401(K) PLAN
TABLE OF CONTENTS

Independent Auditor's Report

Statements of Net Assets Available for Benefits

Exhibit A

Statement of Changes in Net Assets Available for Benefits

Exhibit B

Notes to Financial Statements

SUPPLEMENTAL INFORMATION

Schedule of Assets (Held at End of Year)

Schedule 1

SHEPARD SCHWARTZ & HARRIS LLP

CERTIFIED PUBLIC ACCOUNTANTS

123 NORTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-1700
312 726 8353

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of Initiate Systems, Inc. 401(k) Plan
Chicago, Illinois

We were engaged to audit the accompanying statement of net assets available for benefits of **Initiate Systems, Inc. 401(k) Plan** as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule 1 as of the year ended December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E which was certified by Principal Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Principal Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of Initiate Systems, Inc. 401(k) Plan as of December 31, 2008, and in our report dated September 2, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Initiate Systems, Inc. 401(k) Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.


Shepard Schwartz & Harris LLP

September 30, 2010

EXHIBIT A**INITIATE SYSTEMS, INC. 401(K) PLAN**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value		
Mutual funds	\$ 10,518,201	\$ -
Common stock	69,408	-
Guaranteed return account	593,115	-
Money market	149	-
Participant loans	169,060	36,342
Total investments	<u>11,349,933</u>	<u>36,342</u>
Cash	-	7,032,711
Contributions receivable		
Employer	12,242	16,389
Participant	<u>62,567</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,424,742</u></u>	<u><u>\$ 7,085,442</u></u>

The accompanying notes are an integral part of these statements.

EXHIBIT B**INITIATE SYSTEMS, INC. 401(K) PLAN****STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year Ended December 31, 2009

Additions to net assets attributed to:

Investment income (loss)

Interest and dividends

\$ 213,839

Net appreciation in fair value of investments

1,871,079

\$ 2,084,918

Contributions

Employer

275,745

Participant

2,009,688

Rollover

477,8742,763,307

Total additions

4,848,225

Deductions from net assets attributed to:

Payments to terminated participants

506,128

Administrative fees

2,797508,925

Net increase

4,339,300

Net assets available for benefits:

Beginning of year

7,085,442

End of year

\$ 11,424,742

The accompanying notes are an integral part of this statement.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note A - Description of Plan

The following description of Initiate Systems, Inc. 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a discretionary contribution plan covering employees of Initiate Systems, Inc. (Company). Employees excluded from the Plan are those who are subject to collective bargaining agreements under which retirement benefits were subject to good faith bargaining or non-resident aliens who have no earned income from sources within the United States. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Contributions

Each year participants may contribute 100 percent of pre-tax annual compensation (maximum limit of \$16,500 in 2009), as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (maximum limit of \$5,500 in 2009). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may, at its sole discretion, make matching contributions to the Plan. For the plan year ended December 31, 2009, the Company's matching contribution was 25% of the first 5% of compensation deferrals the participant contributed to the Plan.

3. Participant Accounts and Administration

Upon enrollment in the Plan, a participant may direct contributions into one or more of several funds offered by the trustee. The trustee maintains a separate account in the name of each participant. Each participant's account is credited with the participant's contribution, allocation of the Company's matching contribution and actual earnings thereon. The Plan administrator authorizes all withdrawals of Plan assets and is responsible for the general administration of the Plan and compliance with its provisions. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company contributions. The costs of administering the Plan are borne by the Plan or Company. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service, as defined. A participant is 100% vested after four years of credited service.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note A - Description of Plan (Cont'd)

5. Forfeited Accounts

There were no forfeited nonvested account balances at December 31, 2009.

6. Payment of Benefits

On termination of service, if the amount exceeds \$5,000 participants may elect to receive either a lump-sum amount equal to the value of their vested account, or elect to have the vested amount of their account maintained under the Plan until their defined normal retirement age, at which time the Plan will automatically make a lump-sum distribution. If the amount is less than \$5,000 a participant must take a lump-sum distribution.

7. Participant Loans

Loans are available to the participants for the lesser of \$50,000 or 50 percent of their vested account balance. The minimum loan is \$500. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

8. Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note B - Summary of Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the plan are paid by the Plan or the Company.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note B - Summary of Accounting Policies (Cont'd)

Tax Status

The Plan obtained its latest determination letter in March 2008, in which the Internal Revenue Service stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2010, the date which the financial statements were available to be issued.

Estimates and Assumptions

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note C - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include the following:

Quoted prices for similar assets or liabilities in active markets.

Quoted prices for identical or similar assets or liabilities in inactive markets.

Inputs other than quoted prices that are observable for the asset or liability.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note C - Fair Value Measurements (Cont'd)

Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used at December 31, 2009 and 2008.

Mutual funds. Valued at net asset values of the shares held by the Plan at year-end.

Common stock. Valued at the closing price reported on the active market on which the individual securities are traded.

Money market. Valued at fair value based on the principal invested plus or minus activity credited to the account.

Guaranteed return account. Valued at fair value based on the principal invested plus the interest credited to the account.

Participant loans. Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note C - Fair Value Measurements (Cont'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Balanced/Asset allocation	\$ 4,218,170	\$ -	\$ -	\$ 4,218,170
Equity allocation	3,043,240	-	-	3,043,240
International equity allocation	2,398,278	-	-	2,398,278
Fixed income allocation	858,513	-	-	858,513
Total mutual funds	10,518,201	-	-	10,518,201
Common stock				
Growth style	60,680	-	-	60,680
Value style	8,728	-	-	8,728
Total common stock	69,408	-	-	69,408
Money market	149	-	-	149
Guaranteed return account	-	-	593,115	593,115
Participant loans	-	-	169,060	169,060
Total assets at fair value	\$ 10,587,758	\$ -	\$ 762,175	\$11,349,933
Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Participant loans	-	-	36,342	36,342
Total assets at fair value	\$ -	\$ -	\$ 36,342	\$ 36,342

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note C - Fair Value Measurements (Cont'd)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

	Guaranteed Return Account	Participant Loans	Total
Balance, beginning of year	\$ -	\$ 36,342	\$ 36,342
Realized gains (losses)	-	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-	-	-
Purchases, sales, issuances, and settlements (net)	593,115	132,718	725,833
Balance, end of year	<u>\$ 593,115</u>	<u>\$ 169,060</u>	<u>\$ 762,175</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note D - Investments

The following presents investments that represent five percent or more of the Plan's net assets:

	<u>2009</u>	<u>2008</u>
Principal Large Cap Growth Inst Fund 242,011 shares in 2009.	\$1,677,138	\$ *
American Funds Capital Growth & Income Fund 44,239 shares in 2009.	1,504,994	*
American Funds Europacific Growth Fund 23,682 shares in 2009.	893,284	*
Principal Lifetime 2035 Inst Fund 104,722 shares in 2009.	885,946	*
Principal Lifetime 2020 Inst Fund 81,289 shares in 2009.	843,784	*
Principal Lifetime 2010 Inst Fund 77,908 shares in 2009.	783,758	*
Principal Core PS Bond Inst Fund 70,225 shares in 2009.	760,542	*
Principal Lifetime 2040 Inst Fund 57,645 shares in 2009.	595,478	*
Principal Fixed Income Guaranteed Option 53,518 shares in 2009.	593,115	*
American Funds Redemption Account	*	7,032,711

* Less than 5% of net assets available for benefits.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$1,868,514
Common stock	<u>3,372</u>
	<u>\$1,871,886</u>

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note E - Summary of Information Certified by Trustee

The following is a summary of the unaudited information included in the Plan's financial statements, prepared by the Plan's trustee and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate:

	2009
Investments, at fair value	
Berkshire Hathaway Holding Company	\$ 59,148
Proshares Short S&P 500	6,307
Aerovironment Inc Com	989
Hudson City Bancorp Inc	961
Woodward Governor Company	825
Athenahealth Inc Com	543
General Electric Co Com	454
Pfizer Inc Com	182
Principal Large Cap Growth Inst Fund	1,677,138
AM Funds Capital Growth & Income Fund	1,504,994
AM Funds Europacific Growth Fund	893,284
Principal Lifetime 2035 Inst Fund	885,946
Principal Lifetime 2020 Inst Fund	843,784
Principal Lifetime 2010 Inst Fund	783,758
Principal Core Ps Bond Inst Fund	760,542
Principal Lifetime 2040 Inst Fund	595,478
Principal Lifetime 2030 Inst Fund	437,997
Eaton Vance Large Capital Value Fund	420,736
Principal Lifetime 2025 Inst Fund	383,178
AM Funds Fundamental Investment Fund	252,551
Principal Lifetime 2015 Inst Fund	190,652
Principal Small Cap S&P 600 Idx Inst Fund	176,563
Principal Large Cap S&P 500 Idx Inst Fund	163,425
Principal Mid Cap S&P 400 Idx Inst Fund	139,217
T. Rowe Price US Treasury Money Fund	97,971
Principal Mid Cap Blend Inst Fund	87,480
Principal Lifetime 2045 Inst Fund	84,146
Heartland Value Plus Fund	69,126
Principal Small Cap Growth Inst Fund	21,420
Principal Mid Cap Growth Inst Fund	15,736
AIM Small Cap Equity A Fund	10,375
Principal Lifetime 2050 Inst Fund	9,502
Federated Capital Reserves	9,472
Principal Lifetime 2055 Inst Fund	2,358
Principal Lifetime Straight Income Inst Fund	1,371
Principal Fixed Income Guaranteed Option	593,115
Pershing LLC Cash Account	149
	<u>\$ 11, 180,873</u>
Net appreciation in fair value of investments	<u>\$ 1,871,886</u>
Interest and dividends	<u>\$ 213,839</u>

INITIATE SYSTEMS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note F - Party-In-Interest Transactions

Certain Plan investments are mutual fund accounts managed by Principal Trust Company. Principal Trust Company is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the plan for administrative services amounted to \$2,797 for the year ended December 31, 2009.

Certain employees of the Company act as a fiduciary of the Plan and are responsible for the administration of the Plan. The employees are compensated by the Company and do not receive any compensation from the Plan.

Note G – Guaranteed Return Account

The Plan maintains a guaranteed return account with Principal Life Insurance Company that is held in a general account. The account guarantees a fund rate that is changed on a semiannual basis. The fund rates during 2009 ranged from 2.60% to 3.95%.

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Note I – Nonexempt Transactions

It was noted that there was an unintentional late deposit made by the Company for loan repayments in the current year. The Company made an unintentional late deposit totaling \$657. The Company intends to reimburse the Plan for lost earnings which will be reflected in income when the amount is known.

Note J – Subsequent Event

On March 1, 2010, the plan sponsor was acquired by IBM Corporation. As a result of this acquisition, the Plan will be merged into the IBM 401(k) Plus Plan.

On July 15, 2010 all net assets available for benefits were transferred to the IBM 401(k) Plus Plan. All participants account balances became 100% vested at the time of transfer.

SUPPLEMENTAL INFORMATION

INITIATE SYSTEMS, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

Year Ended December 31, 2009

EIN: 36-3990887

Plan Number: 001

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Market Value
	Berkshire Hathaway Inc	Corporate Stock - Common	**	59,148
	Proshares Trust	Corporate Stock - Common	**	6,307
	Aerovironment Inc	Corporate Stock - Common	**	989
	Hudson City Bancorp Inc	Corporate Stock - Common	**	961
	Woodward Governor Company	Corporate Stock - Common	**	825
	Athenahealth Inc	Corporate Stock - Common	**	543
	General Electric Company (GE)	Corporate Stock - Common	**	454
	Pfizer Inc	Corporate Stock - Common	**	182
*	Princor Financial Services	Mutual fund - Principal Large Cap Growth Inst Fnd	**	1,677,138
	American Funds Sevice Company	Mutual fund - AM Funds Cap Wd Growth & Income Fund	**	1,504,994
	The American Funds	Mutual fund - AM Funds Europacific Growth Fund	**	893,284
*	Princor Financial Services	Mutual fund - Principal Lifetime 2035 Inst Fund	**	885,946
*	Princor Financial Services	Mutual fund - Principal Lifetime 2020 Inst Fund	**	843,784
*	Princor Financial Services	Mutual fund - Principal Lifetime 2010 Inst Fund	**	783,758
*	Principal Life Insurance Company	Mutual fund - Principal Core Ps Bond Inst Fund	**	760,542
*	Princor Financial Services	Mutual fund - Principal Lifetime 2040 Inst Fund	**	595,478
*	Princor Financial Services	Mutual fund - Principal Lifetime 2030 Inst Fund	**	437,997
	Eaton Vance	Mutual fund - Eaton Vance Lg Cap Value Fund	**	420,736
*	Princor Financial Services	Mutual fund - Principal Lifetime 2025 Inst Fund	**	383,178
	The American Funds	Mutual fund - AM Funds Fundamental Investment Fund	**	252,551
*	Princor Financial Services	Mutual fund - Principal Lifetime 2015 Inst Fund	**	190,652
*	Princor Financial Services	Mutual fund - Principal Small Cap S&P 600 Idx Inst Fund	**	176,563
*	Princor Financial Services	Mutual fund - Principal Large Cap S&P 500 Idx Inst Fund	**	163,425
*	Princor Financial Services	Mutual fund - Principal Mid Cap S&P 400 Idx Inst Fund	**	139,217
	T. Rowe Price Funds	Mutual fund - T. Rowe Price US Treasury Money Fund	**	97,971
*	Princor Financial Services	Mutual fund - Principal Mid Cap Blend Inst Fund	**	87,480
*	Princor Financial Services	Mutual fund - Principal Lifetime 2045 Inst Fund	**	84,146
	Heartland Funds	Mutual fund - Heartland Value Plus Fund	**	69,126
*	Princor Financial Services	Mutual fund - Principal Small Cap Growth Inst Fund	**	21,420
*	Princor Financial Services	Mutual fund - Principal Mid Cap Growth Inst Fund	**	15,736
	AIM Investments	Mutual fund - AIM Small Cap Equity A Fund	**	10,375
*	Princor Financial Services	Mutual fund - Principal Lifetime 2050 Inst Fund	**	9,502
	Federated Investors, Inc	Mutual fund - Federated Capital Reserves	**	9,472
*	Princor Financial Services	Mutual fund - Principal Lifetime 2055 Inst Fund	**	2,358
*	Princor Financial Services	Mutual fund - Principal Lifetime Str. Income Inst Fund	**	1,371
*	Principal Life Insurance Company	Guaranteed return account - Principal Fixed Income Guaranteed Option	**	593,115
	Pershing LLC	Interest Bearing Cash - Cash Account	**	149
*	Participant loans	Interest rate ranging from 4.00% to 7.75%	**	169,060
	Total		**	\$ 11,349,933

* A party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments.

Reference is made to the accompanying Independent Auditor's Report relating to the data contained in this schedule.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

INITIATE SYSTEMS, INC. 401(K) PLAN

EIN 36 3990887

PLAN NUMBER 001

PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AEROVIRONMENT INC	Corporate Stock - Common AEROVIRONMENT INC COM	\$ 0.00	\$ 988.72
	AIM Investments	Registered Investment Company AIM SMALL CAP EQUITY A FUND	\$ 0.00	\$ 10,374.59
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R4 FD	\$ 0.00	\$ 893,283.67
	The American Funds	Registered Investment Company AM FUNDS FDMNTL INV R4 FUND	\$ 0.00	\$ 252,551.06
	American Funds Service Company	Registered Investment Company AMER FDS CAP WD GR&INC R4 FD	\$ 0.00	\$ 1,504,994.06
	ATHENAHEALTH INC	Corporate Stock - Common ATHENAHEALTH INC COM	\$ 0.00	\$ 542.88
	BERKSHIRE HATHAWAY INC.	Corporate Stock - Common BERKSHIRE HATHAWAY HLDG CO CL B COM C/A	\$ 0.00	\$ 59,148.00
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	\$ 0.00	\$ 149.04
	Eaton Vance	Registered Investment Company EATON VANCE LG-CAP VALUE A FD	\$ 0.00	\$ 420,735.85
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	\$ 0.00	\$ 9,472.43
	GENERAL ELECTRIC COMPANY (GE)	Corporate Stock - Common GENERAL ELECTRIC CO COM	\$ 0.00	\$ 453.90
	Heartland Funds	Registered Investment Company HEARTLAND VALUE PLUS FUND	\$ 0.00	\$ 69,125.80
	HUDSON CITY BANCORP INC.	Corporate Stock - Common HUDSON CITY BANCORP INC	\$ 0.00	\$ 961.10
	PFIZER INC	Corporate Stock - Common PFIZER INC COM	\$ 0.00	\$ 181.90
*	Principal Life Insurance Company	Insurance Company General PRIN FIXED INC GUAR OPTION	\$ 0.00	\$ 593,114.57

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

INITIATE SYSTEMS, INC. 401(K) PLAN

EIN 36 3990887

PLAN NUMBER 001

PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company PRIN LARGE CAP GROWTH INST FUND	\$ 0.00	\$ 1,677,137.83
*	Princor Financial Services	Registered Investment Company PRIN LGCP S&P 500 IDX INST FD	\$ 0.00	\$ 163,425.12
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME STR INC INST FD	\$ 0.00	\$ 1,370.97
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2010 INST FUND	\$ 0.00	\$ 783,757.59
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2015 INST FUND	\$ 0.00	\$ 190,652.20
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2020 INST FUND	\$ 0.00	\$ 843,784.17
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2025 INST FUND	\$ 0.00	\$ 383,177.71
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2030 INST FUND	\$ 0.00	\$ 437,996.71
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2035 INST FUND	\$ 0.00	\$ 885,946.45
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2040 INST FUND	\$ 0.00	\$ 595,477.78
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2045 INST FUND	\$ 0.00	\$ 84,146.01
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2050 INST FUND	\$ 0.00	\$ 9,501.91
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2055 INST FUND	\$ 0.00	\$ 2,358.48
*	Princor Financial Services	Registered Investment Company PRIN MIDCAP BLEND INST FUND	\$ 0.00	\$ 87,480.26
*	Princor Financial Services	Registered Investment Company PRIN MIDCAP GROWTH INST FUND	\$ 0.00	\$ 15,735.94

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

INITIATE SYSTEMS, INC. 401(K) PLAN

EIN 36 3990887

PLAN NUMBER 001

PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company PRIN MIDCP S&P 400 IDX INST FD	\$ 0.00	\$ 139,217.41
*	Princor Financial Services	Registered Investment Company PRIN SMALLCAP GROWTH I INST FD	\$ 0.00	\$ 21,420.42
*	Princor Financial Services	Registered Investment Company PRIN SMCAP S&P 600 IDX INST FD	\$ 0.00	\$ 176,563.01
*	Principal Life Insurance Company	Registered Investment Company PRINCIPAL CORE PS BD I INST FD	\$ 0.00	\$ 760,541.90
	PROSHARES TRUST	Corporate Stock - Common PROSHARES SHORT S&P 500	\$ 0.00	\$ 6,307.20
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE US TREAS MNY FD	\$ 0.00	\$ 97,971.26
	WOODWARD GOVERNOR CO	Corporate Stock - Common WOODWARD GOVERNOR CO	\$ 0.00	\$ 824.64
	Participant Loans	Range of Interest Rates Rates Range From 4.00% To 7.75%	\$ 0.00	\$ 169,060.00

