Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/	2010			
A	This return/report is for: Single-employer plan	one-participant plan						
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatio	extension		DFVC program			
	special extension (enter descripti	on)			_			
Pa	rt II Basic Plan Information—enter all requested inform	nation						
	Name of plan			1b	Three-digit			
ADAF	PX, INC. 401(K) PLAN				plan number 001			
				10	(PN)			
				10	Effective date of plan 05/01/2006			
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number			
ADAF	PX, INC.				(EIN) 26-0649110			
2127	5TH AVENUE			2c	Plan sponsor's telephone number 206-428-0731			
	TLE, WA 98121			2d	Business code (see instructions)			
					541519			
3a	Plan administrator's name and address (if same as Plan sponsor, e PX, INC. 2127 5TH A		2")	3b Administrator's EIN 26-0649110				
710711	SEATTLE, V			30	Administrator's telephone number			
-					206-428-0731			
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
r	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at the beginning of the plan year				54			
_	Total number of participants at the end of the plan year			5b				
	Total number of participants with account balances as of the end of			30				
	complete this item)	. 5c	c 3					
	· · · · · · · · · · · · · · · · · · ·							
	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	ole assets? an indeper	(See instructions.)dent qualified public accountant (IC	 QPA)				
	Were all of the plan's assets during the plan year invested in eligib	ole assets? an indeper and condit	(See instructions.)dent qualified public accountant (ICons.)	QPA)				
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ole assets? an indeper and condit	(See instructions.)dent qualified public accountant (ICons.)	QPA)				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	ole assets? an indeper and condit	(See instructions.)dent qualified public accountant (ICons.)	QPA)				
b Pa 7	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Formula Information	ole assets? an indeper and condit form 5500-	(See instructions.)dent qualified public accountant (IC ons.)	QPA) 500.	Yes No			
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Pa 7 a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indeper and condit form 5500-	(See instructions.)dent qualified public accountant (IG ons.)	QPA) 500.	(b) End of Year			
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Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indeper and condit form 5500- 7a 7b 7c	(See instructions.)	DPA) 500. 02 0	(b) End of Year 1044869 0 1044869			
Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	nle assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	DPA) 500. 02 0	(b) End of Year 1044869 0 1044869			
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	nle assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	ΩPA) 500. 02 0 02 0 35 0	(b) End of Year 1044869 0 1044869			
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	nle assets? an indeper and condit form 5500- 7a	(See instructions.)	ΩPA) 500. 02 0 02 0 35 0	(b) End of Year 1044869 0 1044869			
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fert III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	nle assets? an indeper and condit form 5500- 7a	(See instructions.)	QPA) 500. 02 0 0 02 0 0 05 05 06 06 06 06 06 06 06 06 06 06 06 06 06	(b) End of Year 1044869 0 1044869 (b) Total			
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Pa 7 a b c 8 a b c d	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)	nindeper and condition of the condition	(See instructions.)	DPA) 500. 02 0 02 0 035 046	(b) End of Year 1044869 0 1044869 (b) Total			
Pa 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets	nideper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8f	(See instructions.)	02 0 0 02 0 0 0 0 16	(b) End of Year 1044869 0 1044869 (b) Total			
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	nindeper and condit corm 5500- 7a	(See instructions.)	DPA) 500. 02 0 02 0 035 046	(b) End of Year 1044869 (b) Total			
Pa 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	nindeper and condit corm 5500- . 7a	(See instructions.)	02 0 0 02 0 0 0 0 16	(b) End of Year 1044869 (b) Total 339881			
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	nle assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8c 8d 8e 8f 8g 8h 8i	(See instructions.)	02 0 0 02 0 0 0 0 16	(b) End of Year 1044869 (b) Total			

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:		
		2F 2G 2J 2K 3D				de a Calatan at C			
D	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	ne instruction	ons:		
art	V	Compliance Questions							
0		ng the plan year:		Yes	No	Amount			
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X				110000	
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X				10111	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR in 101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			, .				
b	b Enter the minimum required contribution for this plan year								
С	Ente	the amount contributed by the employer to the plan for this plan year	[12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[12d	<u> </u>			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

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.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Yes X

Yes X No

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	06/03/2011	MARK SHAPLAND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/03/2011	MARK SHAPLAND
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Part I	Annual Report Identification Information		/2010	and andire	10	/21 /2010				
	endar plan year 2010 or fiscal plan year beginning	01/01		and ending		/31/2010				
	urn/report is for: x single-employer plan	H		ot multiemployer)	L	one-participant plan				
B This retu	urn/report is for:	final return/	report/							
	an amended return/report	short plan y	/ear return/rep	ort (less than 12 month	ns) 	-				
Check b	ox if filing under: Form 5558	automatic e	extension			DFVC program				
	special extension (enter descrip	otion)								
Part II	Basic Plan Information enter all requested	information.								
1a Name						Three-digit				
ADAP	x, INC. 401(k) PLAN					olan number PN) ▶ 001				
	12111, 1101 401 (N) 122N					1c Effective date of plan				
						05/01/2006				
	ponsor's name and address (employer, if for single-employe	er plan)			2b Employer Identification Number					
ADAP	X, INC.					EIN) 26-0649110 Plan sponsor's telephone number				
2127	5th Avenue					(206) 428-0731				
US Seat	tle WA 98121					Business code (see instructions)				
	dministrator's name and address (If same as plan employer	r. enter "Same")				541519 Administrator's EIN				
Same	animonatar a manta and adarese (in came as plan employer	, onto			3.00					
					30	Administrator's telephone number				
					33 /	termination of telephonic flumber				
A 1615	and a Children		1.51 1.51 10.11	1	4b EIN					
	name and/or EIN of the plan sponsor has changed since the EIN and the plan number from the last return/report. Spons		t filed for this	olan, enter the						
					4c					
erano.	number of participants at the beginning of the plan year .				5a	54 58				
	number of participants at the end of the plan year				5b	58				
	ete this item)			•	5c	37				
	all of the plan's assets during the plan year invested in eligit					XYes No				
	u claiming a waiver of the annual examination and report of									
	29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either 6a or 6b, the plan cannot use I			ad use Form 5500	** *** *	Yes No				
Part III	Financial Information	orini 5500-51° al	na must mate	aa ase i oilii oooo.						
	ssets and Liabilities		(a) B	eginning of Year		(b) End of Year				
	olan assets	7a	(0)	785,102		1,044,869				
	plan liabilities	7b		785,102		1,044,809				
	an assets (subtract line 7b from line 7a)	7c		785,102		1,044,869				
	e, Expenses, and Transfers for this Plan Year			(a) Amount	_	(b) Total				
	e, expenses, and transfers for this Fiant fear outions received or receivable from:	and the second		(u) Amount	JOHN	(b) Total				
	nployers	8a(1)		0	_					
(2) Pa	articipants	8a(2)		214,935						
• •	hers (including rollovers)			1						
b Other i	income (loss)	8b		124,946	是我们的心里的"基本"。					
	ncome(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	TO THE TO		31	339,881				
	ts paid (including direct rollovers and insurance premiums ride benefits)			00.44						
,		1		80,114						
	n deemed and/or corrective distributions (see instructions)	1		0						
	istrative service providers (salaries, fees, commissions)			0						
	expenses	· · 8g	OLD SECTION AND ADDRESS OF THE PARTY OF THE	0	400					
	expenses (add lines 8d, 8e, 8f, and 8g)	8h	144年2月1		(3) (1)	80,114				
l Net inc	come (loss) (subject line 8h from line 8c)	8i	Jenneralisha.		100	259,767				
	ers to (from) the plan (see instructions)	8j	In	0	129000					

Par	IV Plan Characteristics							
	f the plan provides pension benefits, enter the applicable pension feat $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ f the plan provides welfare benefits, enter the applicable welfare feature.							
Pai	V Compliance Questions							
10	During the plan year:			-	res N	No	Am	ount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			0a		х		
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	100	0b		х			
c d	Was the plan covered by a fidelity bond?			0с	х	\dashv		110,000
	or dishonesty?	and the second of the contract	· · · · · · <u>1</u>	0d		х		
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	the benefits under the	plan? (See	0e		х		
f	Has the plan failed to provide any benefit when due under the plan?		1	Of		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	<u>1</u>	0g	х			10,111
h	If this is an individual account plan, was there a blackout period? (Se 2520,101-3,)			0h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			Oi				
_	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see instru	ctions and complete 5	Sche	dule SI	B (For	m 	Yes X No
12 a If	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver	ole.) amortized in this plan y amortized in this plan y	rear, see instructions, Month kip to line 13.	and	enter t	he dat Day	e of the letter	
b	Enter the minimum required contribution for this plan year			•	. –	12b		
, c d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minus	sign to the left of a		. –	12c 12d		
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes [No N/A
Par	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan If "Yes," enter the amount of any plan assets that reverted to the em					 13a		Yes X No
b	Were all the plan assets distributed to participants or beneficiaries, to fithe PBGC?			_	-			Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another pl	an(s), identify the plan	n(s) to	0			
	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) Pf		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable caus	e is	establi	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.							
SIC	N Man Sharlad	5/20/11	Mark Shapland	1				
HE	Mile Committee of the C	Date	Enter name of indiv	idual	signin	g as p	lan administr	ator
SIC	n man Dhalus	5/20/11	Mark Shapland	ly:				
HE	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							

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Form 5500-SF 2010

5500-SF Electronic Filing Authorization

Plan Name: ADAPX, INC. 401(k) PLAN

EIN/PN:

26-0649110/001

Plan Year: 01/01/2010 - 12/31/2010

I hereby authorize Nicholas, Hicks & Farmers, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor