

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>07/31/2011</u>	
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 <u>ADIFY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/26/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/26/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/26/2006</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ADIFY CORPORATION</u> <u>1000 CHERRY AVENUE</u> <u>SUITE 200</u> <u>SAN BRUNO, CA 94066</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-2858544</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>650-392-6200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-2858544</u>	2c Sponsor's telephone number <u>650-392-6200</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>20-2858544</u>					
2c Sponsor's telephone number <u>650-392-6200</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2011	MAX OCHOA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADIFY CORPORATION 1000 CHERRY AVENUE SUITE 200 SAN BRUNO, CA 94066	3b Administrator's EIN 20-2858544 3c Administrator's telephone number 650-392-6200
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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	158
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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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2J 2S 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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 07/31/2011		
A Name of plan ADIFY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ADIFY CORPORATION	D Employer Identification Number (EIN) 20-2858544	

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
PAYCHEX SECURITIES CORPORATION
16-1486352

(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)

(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 ☐

(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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 07/31/2011

A Name of plan <u>ADIFY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADIFY CORPORATION</u>	D Employer Identification Number (EIN) <u>20-2858544</u>

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	329942	0
(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)		
(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)	37008	0
(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)	1720846	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	2087796	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2087796	0
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5184	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5184

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		56892
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		62076

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	187657	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		187657
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1680	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1680
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		189337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-127261
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		1960535

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: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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	
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	
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	
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	
e Was this plan covered by a fidelity bond?.....	X		20000000
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: 0

- 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)
COX ENTERPRISES, INC. SAVINGS AND INVESTMENT PLAN	58-1035149	003

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 07/31/2011

A Name of plan <u>ADIFY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADIFY CORPORATION</u>	D Employer Identification Number (EIN) <u>20-2858544</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
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>16-1470238</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
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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.
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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) 2010
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):

Plan Name: Adify Corporation 401(k) Profit Sharing Plan and Trust
ERISA Plan Number: 001
Plan Sponsor EIN: 20-2858544

Adify Corporation 401(k) Profit Sharing Plan and Trust

Financial Statements for the Period from January 1,
2011 to July 31, 2011, and as of and for the
Year Ended December 31, 2010, Supplemental
Schedules for the Period from January 1, 2011 to
July 31, 2011, and as of December 31, 2010, and
Independent Auditors' Report

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

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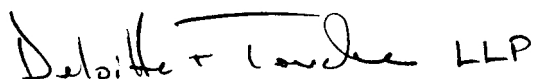
INDEPENDENT AUDITORS' REPORT

To the Adify 401(k) Committee and Participants of the
Adify Corporation 401(k) Profit Sharing Plan
Atlanta, Georgia

We have audited the accompanying statement of net assets available for benefits of the Adify Corporation 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010, the related statements of changes in net assets available for benefits for the period from January 1, 2011 to July 31, 2011, and for the year ended December 31, 2010, and the supplemental schedules as of December 31, 2010, and for the period from January 1, 2011 to July 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and supplemental schedules based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements and supplemental schedule are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements and supplemental schedules present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010, and the changes in net assets available for benefits for the period from January 1, 2011 to July 31, 2011, and for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.



September 12, 2011

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2010

ASSETS:

Participant-directed investments — at fair value	\$2,050,788
Notes receivable from participants	<u>37,008</u>

NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$2,087,796</u></u>
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See notes to financial statements.

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE PERIOD FROM JANUARY 1, 2011 TO JULY 31, 2011, AND FOR THE YEAR ENDED DECEMBER 31, 2010

	2011	2010
ADDITIONS:		
Contributions:		
Participant contributions	\$ -	\$ 1,071,364
Other contributions (including rollovers)	-	54,304
Total contributions	-	1,125,668
Investment income:		
Net appreciation in fair value of investments	56,892	195,915
Dividends	5,184	28,100
Net investment income	62,076	224,015
Interest income on notes receivable from participants	-	1,024
DEDUCTIONS:		
Benefits paid to participants (including permissible opt-out distributions) (Note 2)	(187,657)	(692,083)
Corrective distributions	-	(3,164)
Other expenses	(1,680)	(1,427)
Net transfers out of the Plan (Note 4)	(1,960,535)	-
Total deductions	(2,149,872)	(696,674)
(DECREASE) INCREASE IN NET ASSETS	(2,087,796)	654,033
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	2,087,796	1,433,763
End of year	\$ -	\$ 2,087,796

See notes to financial statements.

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2011 TO JULY 31, 2011,
AND AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2010

1. PLAN DESCRIPTION

The following description of the Adify Corporation 401(k) Profit Sharing Plan and Trust (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan was adopted by Adify Corporation (the “Company”) effective May 26, 2006, to provide tax-deferred savings to eligible employees of the Company. Paychex, Inc. (Paychex) was the recordkeeper for the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974.

A full-time or part-time employee was eligible to participate, and was automatically enrolled, in the Plan immediately upon employment. Pursuant to such auto-enrollment, each new employee’s contribution was set at 4% pretax and such contribution was invested in a qualified default investment alternative.

An employee eligible to participate in the Plan could elect at any time to (a) change his/her contribution percentage, (b) reallocate current balances within the Plan’s investment alternatives, (c) change the investment alternatives to which future contributions are directed, or (d) stop contributions to the Plan.

Effective January 1, 2011, all then-current Company employees ceased employment with the Company and were transferred to, and became employees of, Cox Digital Solutions, LLC (CDS) (f/k/a Cox Cross Media, LLC). These transferred employees are referred to as “Transferred Employees.” The Transferred Employees were no longer eligible to participate in the Plan and were eligible to participate in the Cox Enterprises, Inc. Savings and Investment Plan (the “Cox Plan”).

The assets of the Plan were merged with and into the Cox Plan. See further discussion in Note 4.

Administration — The Plan was a defined contribution plan offered to all employees of the Company. The Plan was administered by the Company’s 401(k) management committee (the “Management Committee”), which was responsible for the overall Plan policy. The Management Committee was authorized to employ agents, as may have been required, to carry out the overall operation and design of the Plan. Administrative expenses of the Plan were paid by the Company.

Contributions and Vesting — Each year, all eligible participants could contribute up to 75% of their eligible pay, as defined in the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Employees could contribute on a pre- or post-tax basis or both. Participants were vested immediately in their contributions plus actual earnings thereon. The Company did not contribute to the Plan.

Participant Accounts — Individual accounts were maintained for each Plan participant. Each participant’s account was credited with the participant’s contribution and earnings and charged with the participant’s withdrawals and losses.

Distributions — Participants could withdraw amounts, as specified in the Plan document, from their participant contribution accounts if the withdrawal was necessary due to hardship. A participant's contributions could be withdrawn upon retirement, termination of employment, certification of disability, or death. Distribution options included lump-sum payment, installment payments, rollover into an individual retirement account, or other qualified plan.

Investments — Participants directed the investment of their contributions into various investment options offered by the Plan. As of December 31, 2010, the Plan offered 23 mutual funds as investment options for participants.

Participant Loans — Plan participants were eligible to apply for loans from their pretax contributions to their employee contribution account. The loan amount could not exceed the lesser of (a) 95% of one-half the vested account balance, (b) 95% of the total vested account balance excluding the post-tax balance, or (c) \$50,000.

Interest was charged at the prime rate plus 1% as of the loan request date and did not change for the duration of the loan repayment period. The interest rate for loans that originated in 2010 was 4.25%. The interest rate for loans outstanding as of December 31, 2010, was 4.25%. Loans were collateralized by no more than 50% of the account balance of the participant and were generally payable over periods not longer than 4.5 years (54 months), except for purchase of primary residence loans, which could not exceed 30 years. Principal and interest were repaid ratably through payroll deductions.

2. ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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. Money market funds are stated at amortized cost, which approximates fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Notes Receivable from Participants — Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans were recorded as distributions based on the terms of the Plan document.

Payment of Benefits — Benefit payments to participants were recorded upon distribution. Employees who were auto-enrolled in the Plan (see Note 1) were permitted to opt out of participation within 90 days after automatic contributions were first taken from their pay. If they did so, they received a distribution for the prior automatic contributions adjusted for any gain or loss. Such distributions were subject to federal income tax but not the extra 10% tax that would normally apply to early distributions.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan used various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility.

Excess Contributions Payable — If certain non-discrimination tests were not satisfied, the Plan was required to either return contributions received during the Plan year in excess of the IRC limits or make a qualified non-elective contribution. The Company chose to return excess contributions in order to satisfy such tests.

Subsequent Events — Subsequent events were evaluated through September 12, 2011, the date the financial statements were available to be issued (see Note 4).

New Accounting Standards

ASU No. 2010-06, Fair Value Measurements and Disclosures — In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, adding new disclosure requirements for Levels 1 and 2; separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements; and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011. The adoption in 2010 did not materially affect the Plan's financial statements.

ASU No. 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans — In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU No. 2010-25 requires that participant loans be classified as notes receivable rather than a plan investment and measured at unpaid principal balance plus accrued but unpaid interest rather than fair value. The Plan retrospectively adopted the new accounting in 2010. The adoption did not have a material effect on the Plan's financial statements.

3. INVESTMENTS

ASC 820 provides 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 as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the actual date of the event or change in circumstances that caused the transfer or the beginning of the reporting period or the end of the reporting period. The Company notes that all investments are classified within the fair value hierarchy as Level 1.

Investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2010, were as follows:

	Number of Shares	Fair Value
Fidelity Advisor Balanced T	45,296	\$ 680,799
Fidelity Prime Daily Money Market	329,942	329,942
Fidelity Advisor Small Cap T	6,118	149,086
Fidelity Advisor Equity Income T	5,604	130,058
Fidelity Advisor Overseas T	6,768	126,218
Fidelity Advisor Mid Cap II T	6,766	120,375
Fidelity Advisor Equity Growth T	1,978	106,347

During the period from January 1, 2011 to July 31, 2011, and during 2010, the fair value of the Plan's investment options (including gains and losses on investments bought, sold, transferred, and held during the year) increased (decreased) as follows:

	2011	2010
Fidelity Advisor Balanced T	\$ 23,121.39	\$ 58,923.56
Fidelity Advisor Dividend Growth T	2,879.43	12,376.93
Fidelity Advisor Equity Growth T	5,883.24	19,258.68
Fidelity Advisor Equity Income T	6,970.30	14,695.53
Fidelity Advisor Freedom 2005 T	32.18	106.06
Fidelity Advisor Freedom 2010 T	37.85	121.07
Fidelity Advisor Freedom 2015 T	38.04	123.62
Fidelity Advisor Freedom 2020 T	661.67	1,887.92
Fidelity Advisor Freedom 2025 T	61.18	177.98
Fidelity Advisor Freedom 2030 T	63.43	14.12
Fidelity Advisor Freedom 2035 T	57.43	179.66
Fidelity Advisor Freedom 2040 T	58.89	(850.13)
Fidelity Advisor Freedom 2045 T	176.08	462.51
Fidelity Advisor Freedom 2050 T	875.72	3,155.35
Fidelity Advisor Freedom Income T	20.03	56.88
Fidelity Advisor Govt Income T	(373.54)	(895.98)
Fidelity Advisor Growth Opportunities T	3,629.78	16,289.48
Fidelity Advisor Intermediate Bond T	88.80	946.31
Fidelity Advisor Mid Cap II T	3,832.41	34,957.09
Fidelity Advisor Overseas T	1,713.89	8,267.74
Fidelity Advisor Small Cap T	6,290.29	23,597.95
Fidelity Advisor Strategic Income T	773.88	2,062.23
Fidelity Prime Daily Money Market	-	-
Net appreciation in fair value of investments	<u>\$ 56,892.37</u>	<u>\$ 195,914.56</u>

4. PLAN MERGER

Effective January 1, 2011, all then-current Company employees ceased employment with the Company and were transferred to, and became employees of, CDS. The Transferred Employees were no longer eligible to participate in the Plan and were eligible to participate in the Cox Plan (see Note 1).

On January 31, 2011, the Management Committee approved a resolution to transfer the assets of the Plan to the Cox Plan and to distribute or rollover the account balances of certain former employees. In March 2011, account balances of all Transferred Employees who were then currently employed by CDS (regardless of amount) were transferred to the Cox Plan, as were account balances of all other former employees (including Transferred Employees not then employed by CDS) if such former employees' account balances were above \$5,000.

Former employees (including Transferred Employees not then employed by CDS) with account balances at or below \$5,000 were notified of their options with respect to their balances. As of July 31, 2011, the Company and Paychex had given effect to those choices. If a former employee (including a Transferred Employee not then employed by CDS) with an account balance at or below \$5,000 did not make a choice, such former employee's balance was either rolled over or distributed in accordance with the Plan and applicable law.

As of July 31, 2011, the net assets available for benefits in the Plan were \$0.

5. TAX STATUS

The Plan used a prototype plan document sponsored by Paychex. Paychex received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which states that the form of the Plan is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Plan itself did not receive a determination letter from the IRS. However, the Management Committee believes that the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010 and July 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

* * * * *

SUPPLEMENTAL SCHEDULES

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

Employer ID No: 20-2858544

Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(j) — SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE PERIOD FROM JANUARY 1, 2011 TO JULY 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset **	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
*	Fidelity Advisor Balanced T	*	\$15.15	*	*	\$ 16	\$ 16	\$ -
*	Fidelity Advisor Balanced T	*	15.15	*	*	1,338	1,338	-
*	Fidelity Advisor Balanced T	*	15.38	*	*	791	791	-
*	Fidelity Advisor Balanced T	*	15.26	*	*	29	29	-
*	Fidelity Advisor Balanced T	*	15.26	*	*	38	38	-
*	Fidelity Advisor Balanced T	*	15.19	*	*	3,420	3,420	-
*	Fidelity Advisor Balanced T	*	15.29	*	*	1,896	1,896	-
*	Fidelity Advisor Balanced T	*	15.59	*	*	5,655	5,655	-
*	Fidelity Advisor Balanced T	*	15.49	*	*	1,249	1,249	-
*	Fidelity Advisor Balanced T	*	15.65	*	*	19,007	19,007	-
*	Fidelity Advisor Balanced T	*	15.57	*	*	1,378	1,378	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	29,345	29,345	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	561,399	561,399	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	16,382	16,382	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	2,896	2,896	-
*	Fidelity Advisor Balanced T	*	15.72	*	*	296	296	-
*	Fidelity Advisor Balanced T	*	15.73	*	*	16,672	16,672	-
*	Fidelity Advisor Balanced T	*	15.55	*	*	4,464	4,464	-
*	Fidelity Advisor Balanced T	*	15.91	*	*	4,416	4,416	-
*	Fidelity Advisor Balanced T	*	15.77	*	*	1,833	1,833	-
*	Fidelity Advisor Balanced T	*	15.58	*	*	7,659	7,659	-
*	Fidelity Advisor Balanced T	*	15.58	*	*	23,836	23,836	-
*	Fidelity Prime Daily Money Market	*	1.00	*	*	329,950	329,950	-
*	Fidelity Advisor Small Cap T	*	24.52	*	*	18	18	-
*	Fidelity Advisor Small Cap T	*	24.52	*	*	1,409	1,409	-
*	Fidelity Advisor Small Cap T	*	24.72	*	*	13,675	13,675	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	2,493	2,493	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	115,431	115,431	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	24,990	24,990	-
*	Fidelity Advisor Small Cap T	*	26.66	*	*	693	693	-
*	Fidelity Advisor Equity Income T	*	23.69	*	*	10	10	-
*	Fidelity Advisor Equity Income T	*	23.69	*	*	919	919	-
*	Fidelity Advisor Equity Income T	*	23.73	*	*	128	128	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	1,187	1,187	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	107,829	107,829	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	22,027	22,027	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	4,929	4,929	-
*	Fidelity Advisor Overseas T	*	18.81	*	*	1,291	1,291	-
*	Fidelity Advisor Overseas T	*	18.60	*	*	13,119	13,119	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	2,314	2,314	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	93,808	93,808	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	17,401	17,401	-
*	Fidelity Advisor Mid Cap II T	*	17.80	*	*	23	23	-
*	Fidelity Advisor Mid Cap II T	*	17.80	*	*	2,011	2,011	-
*	Fidelity Advisor Mid Cap II T	*	18.06	*	*	15,124	15,124	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	2,595	2,595	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	73,875	73,875	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	26,332	26,332	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	4,248	4,248	-
*	Fidelity Advisor Equity Growth T	*	54.58	*	*	9	9	-
*	Fidelity Advisor Equity Growth T	*	54.58	*	*	981	981	-
*	Fidelity Advisor Equity Growth T	*	55.92	*	*	14,384	14,384	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	2,632	2,632	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	71,241	71,241	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	22,983	22,983	-

* Not applicable.

** Plan recordkeeper was not able to provide cost basis. Amounts listed in this column have been made equal to the current value of the assets on the transaction date.

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST

Employer ID No: 20-2858544

Plan No: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2010**

(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
Fidelity Investments	45,295.9967 shares, Fidelity Advisor Balanced T	**	\$ 680,798.88
Fidelity Investments	329,942.1400 shares, Fidelity Prime Daily Money Market	**	329,942.14
Fidelity Investments	6,117.6206 shares, Fidelity Advisor Small Cap T	**	149,086.40
Fidelity Investments	5,603.5412 shares, Fidelity Advisor Equity Income T	**	130,058.20
Fidelity Investments	6,767.7330 shares, Fidelity Advisor Overseas T	**	126,218.23
Fidelity Investments	6,766.4448 shares, Fidelity Advisor Mid Cap II T	**	120,375.06
Fidelity Investments	1,978.1885 shares, Fidelity Advisor Equity Growth T	**	106,347.43
Fidelity Investments	9,375.4261 shares, Fidelity Advisor Govt Income T	**	97,879.44
Fidelity Investments	6,479.2660 shares, Fidelity Advisor Strategic Income T	**	80,213.29
Fidelity Investments	1,998.3075 shares, Fidelity Advisor Growth Opportunities T	**	68,781.76
Fidelity Investments	4,730.2741 shares, Fidelity Advisor Dividend Growth T	**	59,223.03
Fidelity Investments	3,136.5175 shares, Fidelity Advisor Intermediate Bond T	**	34,783.98
Fidelity Investments	2,962.4728 shares, Fidelity Advisor Freedom 2050 T	**	27,936.12
Fidelity Investments	1,837.9996 shares, Fidelity Advisor Freedom 2020 T	**	22,056.00
Fidelity Investments	489.1257 shares, Fidelity Advisor Freedom 2045 T	**	4,685.83
Fidelity Investments	143.4920 shares, Fidelity Advisor Freedom 2030 T	**	1,744.86
Fidelity Investments	149.1960 shares, Fidelity Advisor Freedom 2025 T	**	1,735.15
Fidelity Investments	128.0012 shares, Fidelity Advisor Freedom 2040 T	**	1,579.53
Fidelity Investments	136.7393 shares, Fidelity Advisor Freedom 2035 T	**	1,575.24
Fidelity Investments	126.7783 shares, Fidelity Advisor Freedom 2015 T	**	1,455.41
Fidelity Investments	126.1822 shares, Fidelity Advisor Freedom 2010 T	**	1,452.36
Fidelity Investments	128.7146 shares, Fidelity Advisor Freedom 2005 T	**	1,435.17
Fidelity Investments	133.5473 shares, Fidelity Advisor Freedom Income T	**	1,424.95
Total investments at fair market value			2,050,788.46
* Various participants	Loans to participants (interest rate of 4.25%, maturities ranging from 1 to 240 months)		37,007.67
Total investments at fair value and notes receivable from participants			<u>\$2,087,796.13</u>

* Party in interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

ADIFY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST**Employer ID No: 20-2858544****Plan No: 001****FORM 5500, SCHEDULE H, PART IV, LINE 4(j) —****SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE PERIOD FROM JANUARY 1, 2011 TO JULY 31, 2011**

a) Identity of party involved	(b) Description of asset	c) Purchase Price	d) Selling Price	e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset **	(h) Current value of asset on transaction date	(i) Net gain or (loss)
*	Fidelity Advisor Balanced T	*	\$ 15.15	*	*	\$ 16	\$ 16	\$ -
*	Fidelity Advisor Balanced T	*	15.15	*	*	1,338	1,338	-
*	Fidelity Advisor Balanced T	*	15.38	*	*	791	791	-
*	Fidelity Advisor Balanced T	*	15.26	*	*	29	29	-
*	Fidelity Advisor Balanced T	*	15.26	*	*	38	38	-
*	Fidelity Advisor Balanced T	*	15.19	*	*	3,420	3,420	-
*	Fidelity Advisor Balanced T	*	15.29	*	*	1,896	1,896	-
*	Fidelity Advisor Balanced T	*	15.59	*	*	5,655	5,655	-
*	Fidelity Advisor Balanced T	*	15.49	*	*	1,249	1,249	-
*	Fidelity Advisor Balanced T	*	15.65	*	*	19,007	19,007	-
*	Fidelity Advisor Balanced T	*	15.57	*	*	1,378	1,378	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	29,345	29,345	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	561,399	561,399	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	16,382	16,382	-
*	Fidelity Advisor Balanced T	*	15.53	*	*	2,896	2,896	-
*	Fidelity Advisor Balanced T	*	15.72	*	*	296	296	-
*	Fidelity Advisor Balanced T	*	15.73	*	*	16,672	16,672	-
*	Fidelity Advisor Balanced T	*	15.55	*	*	4,464	4,464	-
*	Fidelity Advisor Balanced T	*	15.91	*	*	4,416	4,416	-
*	Fidelity Advisor Balanced T	*	15.77	*	*	1,833	1,833	-
*	Fidelity Advisor Balanced T	*	15.58	*	*	7,659	7,659	-
*	Fidelity Advisor Balanced T	*	15.58	*	*	23,836	23,836	-
*	Fidelity Prime Daily Money Market	*	1.00	*	*	329,950	329,950	-
*	Fidelity Advisor Small Cap T	*	24.52	*	*	18	18	-
*	Fidelity Advisor Small Cap T	*	24.52	*	*	1,409	1,409	-
*	Fidelity Advisor Small Cap T	*	24.72	*	*	13,675	13,675	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	2,493	2,493	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	115,431	115,431	-
*	Fidelity Advisor Small Cap T	*	25.43	*	*	24,990	24,990	-
*	Fidelity Advisor Small Cap T	*	26.66	*	*	693	693	-
*	Fidelity Advisor Equity Income T	*	23.69	*	*	10	10	-
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*	Fidelity Advisor Equity Income T	*	24.46	*	*	1,187	1,187	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	107,829	107,829	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	22,027	22,027	-
*	Fidelity Advisor Equity Income T	*	24.46	*	*	4,929	4,929	-
*	Fidelity Advisor Overseas T	*	18.81	*	*	1,291	1,291	-
*	Fidelity Advisor Overseas T	*	18.60	*	*	13,119	13,119	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	2,314	2,314	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	93,808	93,808	-
*	Fidelity Advisor Overseas T	*	18.94	*	*	17,401	17,401	-
*	Fidelity Advisor Mid Cap II T	*	17.80	*	*	23	23	-
*	Fidelity Advisor Mid Cap II T	*	17.80	*	*	2,011	2,011	-
*	Fidelity Advisor Mid Cap II T	*	18.06	*	*	15,124	15,124	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	2,595	2,595	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	73,875	73,875	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	26,332	26,332	-
*	Fidelity Advisor Mid Cap II T	*	18.41	*	*	4,248	4,248	-
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*	Fidelity Advisor Equity Growth T	*	54.58	*	*	981	981	-
*	Fidelity Advisor Equity Growth T	*	55.92	*	*	14,384	14,384	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	2,632	2,632	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	71,241	71,241	-
*	Fidelity Advisor Equity Growth T	*	56.88	*	*	22,983	22,983	-

* Not applicable.

** Plan recordkeeper was not able to provide cost basis. Amounts listed in this column have been made equal to the current value of the assets on the transaction date.