## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation  Compl	ete all entries in acco	ordance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identificati								
For	calendar plan year 2010 or fiscal plan year	peginning 01/01/20	)10	and ending 1	2/31/2	2010			
Α	This return/report is for:	ployer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	n/report	X final retu	n/report					
_		led return/report	_	n year return/report (less than 12 mo	nthe)				
_	다.	· .	╡ :	, , ,	111113)	□ pc/0			
C	Check box if filing under:	ı		extension		DFVC program			
	special ex	tension (enter descrip	tion)						
Pa	art II Basic Plan Information—e	nter all requested infor	mation						
	Name of plan				1b	Three-digit			
STR	OBE DATA, INC. RETIREMENT PLAN					plan number 001			
					4.0	(PN) •			
					10	Effective date of plan 07/01/1991			
22	Plan sponsor's name and address (employe	or if for single employe	or plan)		2h	Employer Identification Number			
	OBE DATA, INC.	er, ir ior sirigie-employe	ei piaii)		20	(EIN) 91-0922407			
					2c	Plan sponsor's telephone number			
	- 165TH AVENUE NE MOND, WA 98052-3913					425-861-4940			
KLD	WOND, WA 90032-3913				2d	Business code (see instructions)			
	Di di in di di di		. "0		26	334410			
STR	Plan administrator's name and address (if s OBE DATA, INC.	ame as Plan sponsor, 8405 - 165	enter "Sam TH AVENUE	e") E NE	30	Administrator's EIN 91-0922407			
		REDMONE	), WA 98052	2-3913	3c	Administrator's telephone number			
						425-861-4940			
	f the name and/or EIN of the plan sponsor h	•		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the la	st return/report. Spons	sor's name		40	DNI			
	<del></del>				4c				
	Total number of participants at the beginning				5a	14			
b	Total number of participants at the end of t	he plan year			5b	0			
С	Total number of participants with account be			•	50				
	complete this item)				5c	X vaa D na			
	Were all of the plan's assets during the plants are used to be a second as	,		'		Yes   No			
D	Are you claiming a waiver of the annual ex under 29 CFR 2520.104-46? (See instructions)					X Yes ☐ No			
	If you answered "No" to either 6a or 6b,	•	•	•					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	2835030	)	0			
b	Total plan liabilities			(	)	0			
С	Net plan assets (subtract line 7b from line 7			2835030	)	0			
8	Income, Expenses, and Transfers for this F		.,	(a) Amount		(b) Total			
а	Contributions received or receivable from:	ian roa				(b) Total			
-	(1) Employers		8a(1)	1317944	1				
	(2) Participants		8a(2)		)				
	(3) Others (including rollovers)			(	)				
b	<b>b</b> Other income (loss)			7247	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3).	and 8b)	8b			1325191			
d	Benefits paid (including direct rollovers and								
	to provide benefits)	•	8d	4143898	3				
е	Certain deemed and/or corrective distributi	ons (see instructions).	8e	(	)				
f	Administrative service providers (salaries,	fees, commissions)	8f	16323	3				
g	Other expenses		8g		)				
h	Total expenses (add lines 8d, 8e, 8f, and 8					4160221			
i	Net income (loss) (subtract line 8h from line					-2835030			
i	Transfers to (from) the plan (see instruction				)				

	F	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charalth 1I 3D 3H plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara							
art	: V	Compliance Questions							
0	During the plan year:			Yes	No		Amou	unt	
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	s the plan covered by a fidelity bond?	10c	X				3	800000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•		Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?.		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiverMor	nth						
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т		1			
b	Ente	r the minimum required contribution for this plan year			12b				
_		r 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 ative amount)	of a		12d				
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	<u></u>	<u></u> [	13a				0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought		•	ontrol		X	Yes	□ No

c 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)

## 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.	10/13/2011	STEPHEN DELOREY					
HERE	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					

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-	and the same of th						
Department of the Treasury Internal Rovenue Service This form is required to be file				/Report of Small Emplo it Plan	) y ee		MB Nos. 1210-0110 1210-0089
				sections 104 and 4065 of the Employ	66 ·	2	010
_	Department of Labor Retirement Income Security Act of 1974 (ERIBA), and section 6088(a) of Employee Bank 16 Spoutly Administration Internal Revenue Code (the Code).					This Form is	Open to Public
	Penxion Bonsifi Gueranty Corporation Complete all enti	ries in accor		ith the instructions to the Form 66	00-SF.	Inne	section
	强战强。Annual Report Identification Infor	mation					The state of the s
	or calendar plan year 2010 or (Scal plan year beginning		03./01/	to the second state of the		12/31/201	9
	This return/report is for:	' <u>L</u>	E	-amployer plan (not multiemployer)		One-participen	t plan
В	This return/report is for:	ĬŽ	<b>:</b>	/m/report			
_	an amended return/r	eport [	₹	on your return/report (less than 12 m	onths)	يسم	
نيا	Check box if filing under: X Form 5668	L.	4	lc extension		DFVC program	n
T.	special extension (er			1986 the 1984 the second distribution of the second		**************************************	
	高電腦 Basic Plan Information—enter all requirements of plan	iested Inform	ation	And the second s	1 41		
	Strobe Data, Inc. Retirement Plan	n.			1b	Three-digit plan number	
						(PN)	100
					1c	Effective date of	olan
28	Pien sponsor's name and address (employer, if for slow	Tie-moniova.	( mlan)	V - V - V - V - V - V - V - V - V - V -	DE.	07/01/1991	
	Strobe Data, Inc.	Sie-attikiolist	hitm		4D	Employer Identific	ation Number 407
					20	Plan eponsor's tel	ephone number
	8405 - 165th Avenue NE				2d	(425) 861-45 Business code (se	
	Redmond	-		WA 98052-3913	44	334410	se maduotions)
Зa	Plan administrator's name and address (if same as Pla	n sponsor, s	nter Sem	$\mathbf{e}_n$	3b	Administrator's El	N
					30	Administrator's tel	anhana musahas
		ar ar managar makida managar ma			100	Accommission a (e)	eshioties lifeuzoet
4	If the name end/or EIN of the pien sponsor has changed name, EIN, and the plan number from the last return/rep	alnos the las	st return/re	aport filed for this plan, enter the	4b	EIN	
-	The state of the s	on oponse	i e vaitte		40	PN	
Бä	Total number of participants at the beginning of the pla	n year	******	*   ^	Бa		14
b	Total number of participants at the end of the pien year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$414P464 P43147=4 (/kishfi st Harring ibes (4272974) billin hadrin	6b	· · · · · · · · · · · · · · · · · · ·	0
	Total number of participants with account balancee as pempiste this item).	mere contain	unggungen	Hill-Captyrayathings phase and the second phase are	бс		
Ga L	Were all of the plan's assets during the plan year inves	sted in eligibi	la mesela?	(See instructions.)		1141757411241114111111	X Yes No
Ų	Are you claiming a waiver of the annual examination a under 29 CFR 2520.104-467 (Bes instructions on waive	nd report of : et eligibility a	an Indope and condit	ndent qualified public accountant (10 lone t	ኒ <u>ዮ</u> ሉ)		X Yes No
111	If you answered "No" to either 6a or 5b, the plan or	nnot use Fo	rm 6600.	SF and must instead use Form 55	do.	***************************************	[점 188 [] 140
Pil	Financial Information				<del></del>		Total Francisco and Add Thing I w
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of	Year
a	Total plan assets		7a	2,835,03	0		0
Ħ	Total plan (lablilles		7b	( , , , , , , , , , , , , , , , , , , ,	0	W-7444	Ō
<u> </u>	Net plan assets (subtract line 7b from line 7s)	ritti tammini	7c अध्यक्षकतास्थ	2,835,03	0		0
à	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount	TICHAL	(b) Tot	al Constitutation of the constitution of the c
	(1) Employers	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ba(1)	1,317,94	4		
	(2) Participants	[	8 a (2)	· · · · · · · · · · · · · · · · · · ·	O		
	(3) Others (including rollovers)		8a(3)		ol		
þ	Other Income (loss)		86	7,24	フ級数		
ų G	Total income (add lines 5a(1), 6a(2), 8a(3), and 6b)		80			1	1,325,191
d	Benefits paid (including direct rollovers and insurance p to provide benefits)	remiums	8d	4,143,89	B Silling		
8	Certain deemed and/or corrective distributions (see inst-	ruotions)	80	- 1			
	Administrative service providers (salaries, feas, commis		81	16,32			
g	Other expenses		8 🗒		O Miles		
h	Total expanses (add Ines 8d, Se, 8f, and 8g)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8h			- Part declarate as to the language at 22	4,160,221
ļ	Not income (toss) (subtract line 8h from line 8c)		ðì			(	2,835,030)
) 	Transfers to (from) the plan (see Instructions)		Bj	The state of the s			
	SPECIFICAL STRUCTURE ARE NOTICE AND FAMILY LAW						

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852	IV Plan Characteristics		CONTRACTOR OF THE STREET	-		***************************************		<del>deinhada an an an an</del>	
98 98	If the plan provides panalon benefits, enter the applicable pension leature	codes from the	List of Plan Char	acteri	tic Co	nl abb	the Instruct	ona:	
	1A 1H 1I 3D 3H								
Þ	If the plan provides welfers benefits, enter the applicable welfers, feature	codes from the L	Jst of Plan Chara	scheris	(lic Cod	des in i	ihe instruction	หาช:	
THE WORLD	A Complete Organians				-		<del>n ha n n daoi n a macaonas kaled</del>	<u></u>	<del></del>
10	遊記 Compliance Questions During the plan year:	4-70/4/4-4-4	**************************************		Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 mount	
	Was there a fallure to transmit to the plan any participant contributions wi	ithin the time per	od described in		100			(IIIOQIIG	
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary C	orrection Progra	m>	100		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do non line 10a.)			10b		х			· · · · · · · · · · · · · · · · · · ·
¢	Was the plan covered by a fidelity bond?	n1m4rH1444444121 41	Berteititeileteiti	10c	x			30	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			10d		х			
8	Were any fees or commissions paid to any brokers, agents, or other pare	ons by an insure	nce carrier,					The same of the same of	dana she shirift i shefad
	Insurance service or other organization that provides some or all of the building tructions.)			10a		X	And below that Marchine an enterespensions		
1	Has the plan failed to provide any benefit when due under the plan?	[-2]][4]4+[c+4+++++++++++++++++++++++++++++		10f		х			
g	Did the plan have any participant loans? (if "Yes," enter amount as of yes	er end.).,,,,,,,,,,	****	100		Х			
h	if this is an individual account plan, was there a blackout period? (See ins			10h		,			
ŀ	If 10h was answered "Yes," check the box if you either provided the requiexceptions to providing the notice applied under 29 CFR 2620.101-3	ired notice or one	of the	101		!			
p.W	Pension Funding Compliance			***************************************			77 77 77 74 4 14 64 4 FE		
11	ls this a defined benefit plan subject to minimum funding requirements? (I							Yes	X No
12	is this a defined contribution plan subject to the minimum funding require								X No
	(If "Yes," complete 12s or 12b, 12c, 12d, and 12e balow, as applicable.)							144	_
a	If a weiver of the minimum funding stendard for a prior year is being amor								
lf y	rou completed line 12s, complete lines 3, 9, and 10 of Schedule MB (P					Day		) O(21)	
	Enter the minimum required contribution for this plan year	-			「	12b	Annual andrews	and the same of the same of	
c	Enter the amount contributed by the employer to the plan for this plan yes				- [	120			
đ	Subtract the amount in line 120 from the amount in line 12b. Enter the result (enter a minus sign to the left o								
_	negative amount)				h		'') V., (	7 N - F	1
(**************************************	Will the minimum funding amount reported on line 12d be met by the fund	ing deadline?	65 feat Press, sans east 11 cm	EST. (1) 12		لستند	Yas	No	N/A
Parti				*******				1. T.	
13a	Has a resolution to terminate the plan bean adopted during the plan year			•177 #41171				Х Уев	No
L.	If "Yes," enter the amount of any plan assets that reverted to the employs	***************************************	Andrea del mid-muli an il dividit	ner well	لسسل	13a	**************************************		0
	Were all the plan essets distributed to participants or beneficiaries, transfe of the PBGC?	**********				7 1 <b>1 1 1</b>		X Yes	סא
C	If during this plan year, any sessets or liabilities were transferred from this which exacts or liabilities were transferred. (See Instructions.)	plan to another p	Plan(s), losnity ti	ne piai	n(s) (o			<del></del>	and the state of t
1	3c(1) Name of plan(s):			<b> </b>	134	(2) El	N(8)	130(3)	PN(a)
		<del>r f. stadis an</del> f 's f at 1881 s staden stade an	<del>*************************************</del>	<del>                                     </del>	** * * * *	*****	Anny Internal States of the St		
Cauli	on: A penalty for the late or Incomplete filing of this return/report will	I ha assault		L				1	·
-	r penalties of perjury and other penalties set forth in the instructions, I deci	The second secon				*****		in a Rohe	od ula
SB of	Schedule MB completed and signed by an erroribed actuary, as well as the	e electronic versi	an of this return	report	, and t	o the b	est of my ki	10wledge	and
影測	I SULLAND STATE OF	12.10.10	Tillard We	st	Halla Wildlewood and	***			More marker comme
iii	8 Igneture of piet administrator Dat		Enjer name of it		ial skri	ท่าย คะ	olan edmin	latrator	
	(Melanly 1)	/ 1	Villard We		.a. ungi		PARTY SALES	*********	- deside
WIII	Bigneture of employer/plan appears Date Enter name of Individual signing as employer or plan appears								M&OF
***************************************	****				, wild!			· hitely ohn	11441