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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

| Pa | art I Annual Report Identification Information | | | | |
|----------|---|--------------|--|--------|-----------------------------------|
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2011 | | and ending 1 | 2/31/2 | 2011 |
| Α . | This return/report is for: | a multiple | -employer plan (not multiemployer) | | a one-participant plan |
| В | This return/report is: the first return/report | the final r | eturn/report | | |
| | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) | |
| С | Check box if filing under: Form 5558 | automatic | extension | | DFVC program |
| | special extension (enter description | | | | |
| Pa | art II Basic Plan Information—enter all requested informa | | | | |
| _ | Name of plan | | | 1b | Three-digit |
| | PX, INC. 401(K) PLAN | | | | plan number |
| | | | | | (PN) • 001 |
| | | | | 1C | Effective date of plan 05/01/2006 |
| 2a | Plan sponsor's name and address; include room or suite number (en | nnlover if | for a single-employer plan) | 2h | Employer Identification Number |
| | PX, INC. | ripioyer, ii | Tot a single employer plant | 20 | (EIN) 26-0649110 |
| | | | | 2c | Sponsor's telephone number |
| 2127 | 5TH AVENUE | | | | 206-428-0731 |
| | ITLE, WA 98121 | | | 2d | Business code (see instructions) |
| | | | | | 541519 |
| | Plan administrator's name and address (if same as plan sponsor, en PX, INC. 2127 5TH AVE | | ·") | 3b | Administrator's EIN 26-0649110 |
| 71071 | SEATTLE, WA | | | 3c | Administrator's telephone number |
| | | | | | 206-428-0731 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | ast return/ | report filed for this plan, enter the | 4b | EIN |
| а | name, EIN, and the plan number from the last return/report. Sponsor's name | | | 4c | PN |
| 5a | • | | | 5a | 58 |
| b | Total number of participants at the end of the plan year | | | 5b | 6′ |
| С | Number of participants with account balances as of the end of the pl | | | 30 | |
| | complete this item) | | | 5c | 38 |
| 6a | Were all of the plan's assets during the plan year invested in eligible | | ' | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | | X Yes □ No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | | • | | |
| Pa | rt III Financial Information | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year |
| а | Total plan assets | 7a | 1044869 | | 1121848 |
| b | Total plan liabilities | 7b | 0 | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1044869 | | 1121848 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total |
| а | Contributions received or receivable from: | 2 (1) | 0 | | |
| | (1) Employers | 8a(1) | 243784 | | |
| | (2) Participants | 8a(2) | 0 | _ | |
| L | (3) Others (including rollovers) | 8a(3) | -30458 | | |
| b | Other income (loss) | 8b | -30436 | | 213326 |
| c d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 210020 |
| u | to provide benefits) | 8d | 136347 | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 0 | | |
| g | Other expenses | 8g | 0 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 136347 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | 76979 |
| j | Transfers to (from) the plan (see instructions) | 8j | 0 | | |

| Form | 5500- | SF | 201 |
|------|-------|----|-----|

| Page 2 - | 1 | |
|----------|---|--|
|----------|---|--|

| Part IV | Plan Characteristics |
|---------|----------------------|
| raii iv | L FIAN GNAIAGRENSIUS |

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| During the plan year: | | Yes | No | | Amo | unt |
|---|--------------------|---------|----------------------------|---------------|----------------|---------------------------|
| Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | | |
| Was the plan covered by a fidelity bond? | 10c | Χ | | | | 1500 |
| Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | | |
| Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | Х | | | |
| Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | |
| Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | X | | | | 42 |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | X | | | | |
| If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | X | | | | |
| VI Pension Funding Compliance | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | П | Yes X |
| | | | | | | |
| | | | | | | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | e or sec | ction 3 | 302 of E | RISA? | [| Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. | e or sections, | ction 3 | 302 of E | RISA? | [| Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | e or sec | and e | 302 of E | RISA? | [| Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. | e or sections, | and e | nter the | RISA? | [| Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. | ctions, hth of a | and e | nter the Day _ | RISA? | [| Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | ctions, | and e | anter the Day _ | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left) | ctions, | and e | anter the Day _ | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets | e or sections, ath | and e | anter the Day _ | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? | ctions, | and e | nter the Day _ 12b 12c 12d | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets I Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought | of a | and e | enter the Day | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | of a | and e | enter the Day | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought | of a | and e | enter the Day | RISA? | f the let | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver | of a | and e | enter the Day | RISA? date o | f the let Year | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver | of a | and e | anter the Day | RISA? date o | f the let Year | Yes X tter ruling Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru granting the waiver | of a | and e | anter the Day | RISA? date o | f the let Year | Yes X tter ruling Yes X |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 05/02/2012 | MARK SHAPLAND |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 05/02/2012 | 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 6057(b) and 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

2011

This Form is Open to Public Inspection

| | rt I Annual Report Identification Information | | | | | | |
|------------|---|---------------|-------------------|--|----------|----------------------------|-------------------|
| For th | ne calendar plan year 2011 or fiscal plan year beginning | 01/01 | /2011 | and ending | 12/ | 31/2011 | |
| A T | his return/report is for: 🛛 🕱 a single-employer plan | a multiple- | employer plan | (not multiemployer) | | a one-particip | ant plan |
| 3 T | his return/report is: the first return/report | the final ref | turn/report | | | | |
| | an amended return/report | a short plai | n year return/r | eport (less than 12 mor | iths) | | |
| . c | heck box if filing under: Form 5558 | automatic e | extension | | П | DFVC program | m |
| | special extension (enter description) | | | | ш | | |
| 0- | | | | | | | |
| _ | rt III Basic Plan Information enter all requested information of plan | mation. | | | 1h т | hree-digit | |
| | | | | | p | lan number | 70.00 |
| | ADAPX, INC. 401(k) PLAN | | | | | PN) ► | 001 |
| | | | | | 110.000 | ffective date of 5/01/2006 | pian |
| 2a | Plan sponsor's name and address; include room or suite number (emp | lover, if for | single-employ | er plan) | | | fication Number |
| | ADAPX, INC. | • | | | | IN) 26-06 | |
| 8 | | | | | 2c P | lan sponsor's t | elephone number |
| | 2127 5th Avenue | | | | (| 206) 428-0 | 731 |
| | | | | | | | see instructions) |
| - | Seattle WA 98121 | | | | | 41519 | |
| | Plan administrator's name and address (If same as plan sponsor, enter Same | r "Same") | | | 3b A | dministrator's l | EIN |
| | o unic | | | | | | |
| | <i>®</i> | | | | 3c A | dministrator's | telephone number |
| | | | | | | | |
| | If the name and/or EIN of the plan sponsor has changed since the last | return/repo | rt filed for this | plan, enter the | 4b E | IN | |
| | name, EIN, and the plan number from the last return/report. Sponsor's Name | | | | 4c F | 'n | |
| _ | Total number of participants at the beginning of the plan year | | | | 5a | | 58 |
| 0.000 | Total number of participants at the end of the plan year | | | | 5b | | 61 |
| | Number of participants with account balances as of the end of the plan | | | | - | | |
| | complete this item) | | | | 5c | | X Yes No |
| | Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an ir | | • | is accountant (IOPA) | * * * | 381 A 8 38E | X Yes No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | | | ic accountant (IQI A) | | 190 N N 190 | X Yes No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form | 5500-SF a | nd must inst | ead use Form 5500. | | | |
| Par | t III Financial Information | | | | | | |
| • | Plan Assets and Liabilities | 7100 | (a) E | Beginning of Year | | (b) End | of Year |
| а | Total plan assets | . 7a | | 1,044,869 | | | 1,121,848 |
| b | Total plan liabilities | . 7b | | 0 | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | . 7c | | 1,044,869 | | | 1,121,848 |
| | Income, Expenses, and Transfers for this Plan Year | | | (a) Amount | | (b) | Total |
| | Contributions received or receivable from: (1) Employers | . 8a(1) | | 243,784 | 11/12 | | |
| | (2) Participants | 8a(2) | | 0 | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | 300 | | |
| _ | Other income (loss) | 8b | | (30,458) | 80 | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | 100 | | 140 | | 213,326 |
| d | Benefits paid (including direct rollovers and insurance premiums | | | | \$151/ | | |
| | to provide benefits) | . 8d | | 136,347 | Availe . | | |
| _ | Certain deemed and/or corrective distributions (see instructions) . | . 8e | | 0 | | | |
| | Administrative service providers (salaries, fees, commissions) | . 8f | | 0 | 1515 | SOUTH AND | |
| _ | Other expenses | . 8g | SERVICE PAR | O THE STATE OF THE | 1012 | SC I | 106.015 |
| _ | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | military and a second | Cyn. | | 136,347 |
| | Net income (loss) (subtract line 8h from line 8c) | . 8i | Reput liberal | MENNEREN EN | 9000 m | | 76,979 |
|] | Transfers to (from) the plan (see instructions) | . 8j | | 0 | ISHS. | SELECTION SELECTION | |

| | Form 5500-SF 2011 | F | age 2 | | _ | | | | |
|----------|---|---------------------------|-------------------------|--------------|--------|----------|-----------------|---------------|--------------|
| Par | IV Plan Characteristics | | | | | | | | |
| | f the plan provides pension benefits, enter the applicable pension featu | ure codes from the List | of Plan Characteris | tic Co | des ir | the in: | structions: | | |
| | 2F 2F 2G 2J 2K 3D | | | | | | | | |
| D | f the plan provides welfare benefits, enter the applicable welfare featur | e codes from the List | of Plan Characteristi | c Cod | es in | the inst | ructions: | | |
| Par | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Δr | nount | _ |
| а | Was there a failure to transmit to the plan any participant contribution | s within the time perio | d described in | П | 103 | | | nount | |
| L | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar | y Correction Program) | | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) | | | 10b | | x | | | |
| С | | | | 10c | х | | | 15 | 50,000 |
| d | Was the plan covered by a fidelity bond? | | | | | - | | | ,000 |
| | or dishonesty? | | | 10d | | x | | | |
| е | Were any fees or commisions paid to any brokers, agents, or other po | ersons by an insuranc | e carrier, | | | | | | |
| | insurance services or other organization that provides some or all of instructions.) | the benefits under the | plan? (See | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | | 10f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of | | | | x | | | | 4,279 |
| h | If this is an individual account plan, was there a blackout period? (Se | | | 109 | | | | | W ZASO |
| 10 | 2520.101-3.) | | | 10h | х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 101 | x | | | N. Wall | |
| Pari | VI Pension Funding Compliance | | | 1.01 | | - | A.V. Salar | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | | | | | | | | |
| 40 | 5500)) | | | | | | | Yes [| |
| 12 | Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | | 12 of the Code or se | ection | 302 o | f ERIS | A? | Yes [| X _No |
| а | If a waiver of the minimum funding standard for a prior year is being a | | oor soo instruction | c and | ontor | tho do | to of the lette | r rulina | |
| | granting the waiver | | Mon | s, and th | enter | Day | 'Y | runng 'ear | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME | 3 (Form 5500), and sl | tip to line 13. | | - | 5570 | | | |
| b | Enter the minimum required contribution for this plan year | | | | . - | 12b | | | |
| C | Enter the amount contributed by the employer to the plan for this plan | (A) (B) (C) (C) | | • • | | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | | | 2 727 | . | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the | | | | _ | | Yes [| No [|]N/A |
| Part | | • | | | 141 | 24-5552 | | | |
| 13a | Has a resolution to terminate the plan been adopted in any prior year | ? | | | | | | Yes [| X No |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | | | [| 13a | | | - |
| b | Were all the plan assets distributed to participants or beneficiaries, tra | ansferred to another p | an, or brought unde | r the | contro | I | | | |
| С | of the PBGC? | this plan to another plan | on(s) identify the pla | | | | | Yes [| X No |
| | which assets or liabilities were transferred. (See instructions.) | una pian to anotitei pii | in(s), identity the pic | 211(S) I | .U | | | | |
| -1 | 3c(1) Name of plan(s): | | | | 13 | c(2) E | IN(s) | 13c(3) P | N(s) |
| | | | | | | V | ,,,, | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Cautic | n: A penalty for the late or incomplete filing of this return/report v | vill be accessed upla | na rasaanahla asu | oo io | aatab | liahad | | | - |
| | penalties of perjury and other penalties set forth in the instructions, I di | | | | | | | chodula | |
| 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 | f my knowled | ge and | |
| belief, | t is true, correct, and complete. | 1.77 | | | | | | | |
| SIG | - The second | 4/27/12 | Mark Shaplan | d | | | | | |
| HER | Signature of plan administrator | Date | Enter name of ind | ividua | signi | ng as p | olan administ | rator | |
| SIGI | | 4/27/12 | Mark Shaplan | d | | | | | |
| HER | Signature of employer/plan sponsor | Date | Enter name of ind | ividua | signi | ng as e | employer or p | lan sponsor | 90 |