Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).			
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2011		
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection		
Part I Annual Report Ide	ntification Information			
For calendar plan year 2011 or fisca	plan year beginning 01/01/2011 and ending 12/31/	2011		
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or			
·	🛛 a single-employer plan;			
B This return/report is:	the first return/report; the final return/report;			
·	an amended return/report; a short plan year return/report (less t	han 12 months).		
C . If the plan is a collectively-bargai	ned plan, check here.	ъП		
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;		
	special extension (enter description)			
Part II Basic Plan Infor	mation—enter all requested information			
1a Name of plan ASCENTIUM 401(K) PLAN		1b Three-digit plan number (PN) ►		
× /		1c Effective date of plan 01/01/2002		
2a Plan sponsor's name and addre	ss, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) 91-2105883		
		2c Sponsor's telephone number 425-519-7787		
10500 NE 8TH STREET SUITE 1300 BELLEVUE, WA 98004	10500 NE 8TH STREET SUITE 1300 BELLEVUE, WA 98004	2d Business code (see instructions) 541512		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2012	SOPHIA LU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
NEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Same") CENTIUM CORPORATION		ministrator's EIN -2105883
SL	500 NE 8TH STREET IITE 1300 LLEVUE, WA 98004		ministrator's telephone mber 425-519-7787
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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	429
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	145
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	6c	182
d	Subtotal. Add lines 6a, 6b, and 6c	6d	327
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	327
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	247
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 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 fu	arrangement (check all that apply)	9b	Plan bene	efit	arrangement (check all that apply)	
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	Pensic	on Sc	hedules	b	General	Sc	hedules
	(1)	×	R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Π	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)	Х	C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

SCHEDULE C	Service Provider	Information	ON	MB No. 1210-0110
(Form 5500)			2011	
Department of the Treasury Internal Revenue Service	This schedule is required to be filed und Retirement Income Security A	2011		
Department of Labor Employee Benefits Security Administration	► File as an attachmen	t to Form 5500.	This Form is Open to Public Inspection.	
Pension Benefit Guaranty Corporation For calendar plan year 2011 or fiscal p	blan vear beginning 01/01/2011	and ending 12/31	1/2011	
A Name of plan ASCENTIUM 401(K) PLAN		B Three-digit plan number (PN)	•	001
Plan sponsor's name as shown on ASCENTIUM CORPORATION	line 2a of Form 5500	D Employer Identificati 91-2105883	ion Number (E	IN)
Part I Service Provider In	formation (see instructions)			
or more in total compensation (i.e., plan during the plan year. If a pers	cordance with the instructions, to report the info money or anything else of monetary value) in o on received only eligible indirect compensatior o include that person when completing the rem	connection with services rendered to n for which the plan received the requ	the plan or th	e person's position with th
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the D If you answered line 1a "Yes," ent	money or anything else of monetary value) in o on received only eligible indirect compensation	connection with services rendered to n for which the plan received the requirainder of this Part. Densation ainder of this Part because they rece structions for definitions and condition n providing the required disclosures	o the plan or th uired disclosur vived only eligit	ble
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the I f you answered line 1a "Yes," ent received only eligible indirect comp	money or anything else of monetary value) in o on received only eligible indirect compensatior o include that person when completing the rem eceiving Only Eligible Indirect Com ether you are excluding a person from the rema- plan received the required disclosures (see in- er the name and EIN or address of each person	connection with services rendered to n for which the plan received the require ainder of this Part. Tpensation ainder of this Part because they rece structions for definitions and condition n providing the required disclosures d (see instructions).	b the plan or the uired disclosur	ble
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the I f you answered line 1a "Yes," ent received only eligible indirect comp	money or anything else of monetary value) in o on received only eligible indirect compensation o include that person when completing the rem eceiving Only Eligible Indirect Com ether you are excluding a person from the rema o plan received the required disclosures (see in er the name and EIN or address of each person ensation. Complete as many entries as neede	connection with services rendered to n for which the plan received the require ainder of this Part. Tpensation ainder of this Part because they rece structions for definitions and condition n providing the required disclosures d (see instructions).	b the plan or the uired disclosur	ble
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the O If you answered line 1a "Yes," ent received only eligible indirect comp (b) Enter r	money or anything else of monetary value) in o on received only eligible indirect compensation o include that person when completing the rem eceiving Only Eligible Indirect Com ether you are excluding a person from the rema o plan received the required disclosures (see in er the name and EIN or address of each person ensation. Complete as many entries as neede	connection with services rendered to n for which the plan received the require ainder of this Part. ainder of this Part because they rece structions for definitions and condition n providing the required disclosures d (see instructions). led you disclosures on eligible indirection of the second	b the plan or the uired disclosur	e person's position with th res, you are required to ble Yes No e providers who on
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the O If you answered line 1a "Yes," ent received only eligible indirect comp (b) Enter r	money or anything else of monetary value) in o on received only eligible indirect compensatior o include that person when completing the rem eceiving Only Eligible Indirect Com ether you are excluding a person from the rema e plan received the required disclosures (see in- er the name and EIN or address of each person ensation. Complete as many entries as neede	connection with services rendered to n for which the plan received the require ainder of this Part. ainder of this Part because they rece structions for definitions and condition n providing the required disclosures d (see instructions). led you disclosures on eligible indirection of the second	b the plan or the uired disclosur	e person's position with th res, you are required to ble Yes No e providers who on
or more in total compensation (i.e., plan during the plan year. If a pers answer line 1 but are not required t I Information on Persons R Check "Yes" or "No" to indicate whe indirect compensation for which the o If you answered line 1a "Yes," ent received only eligible indirect comp (b) Enter n (b) Enter n	money or anything else of monetary value) in o on received only eligible indirect compensatior o include that person when completing the rem eceiving Only Eligible Indirect Com ether you are excluding a person from the rema e plan received the required disclosures (see in- er the name and EIN or address of each person ensation. Complete as many entries as neede	connection with services rendered to n for which the plan received the required ainder of this Part. Dpensation ainder of this Part because they rece structions for definitions and condition in providing the required disclosures d (see instructions). led you disclosures on eligible indirect led you disclosure on eligible indirect	the plan or the uired disclosured disclosured only eligited only eligited ons)	e person's position with th res, you are required to ble Yes No e providers who on

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

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

(b) Enter name and EIN or address of person who provided you disclosures 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 instructi
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FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

	T	1	1			-
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	9830	Yes 🕺 No 🗌	Yes 🕺 No 🗌	0	Yes 🗙 No 🗌
		(a) Enter name and EIN or	address (see instructions)		

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

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 🗌		

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
		componidation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect c	ompensation, including any
	formula used to determine	the service provider's eligibility ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	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 eligibi	
		ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility
	for or the amount of the	ne indirect compensation.

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P	Part II Service Providers Who Fail or Refuse to Provide Information							
4	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 na	me 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 na	me 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 na	me 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 na	me and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide				
	(a) Enter na	me and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to				
		instructions)	Service Code(s)	provide				
	(a) Enter na	me 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				

Pa	rt III	Termination Information on Accountants and Enroller (complete as many entries as needed)	d Actuaries (see instructions)
а	Name		b EIN:
С	Positic	on:	
d	Addre	SS:	e Telephone:
Exp	olanatio	n:	

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
-		

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE H	Financial In	formatio	on			OMB No. 1210	0-0110
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor	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).				2011		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation						Form is Oper Inspectio	
For calendar plan year 2011 or fiscal pl	an year beginning 01/01/2011		and	ending 12/3	1/2011		1
A Name of plan ASCENTIUM 401(K) PLAN				B Three-di plan nur	git nber (PN)	•	001
C Plan sponsor's name as shown on I ASCENTIUM CORPORATION	ine 2a of Form 5500			D Employer 91-21058		ion Number (E	EIN)
Part I Asset and Liability	Statement			•			
the value of the plan's interest in a lines 1c(9) through 1c(14). Do not e benefit at a future date. Round off	bilities at the beginning and end of the plan commingled fund containing the assets of m enter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, Co is also do not complete lines 1d and 1e. See	nore than one e contract wh CTs, PSAs, a	plan on a nich guarar nd 103-12	line-by-line bas itees, during thi	is unless tl is plan yea	he value is rej r, to pay a spe	portable on ecific dollar
As	sets		(a) B	eginning of Yea	ar	(b) End	of Year
a Total noninterest-bearing cash		1a					
b Receivables (less allowance for do	ubtful accounts):						
(1) Employer contributions		1b(1)					
(2) Participant contributions		1b(2)					
(3) Other		1b(3)					
	money market accounts & certificates	1c(1)		Ę	572724		411250
(2) U.S. Government securities		1c(2)					
(3) Corporate debt instruments (o	ther than employer securities):						
		1c(3)(A)					
(B) All other		1c(3)(B)					
(4) Corporate stocks (other than e							
(A) Preferred		1c(4)(A)					
		1c(4)(B)					
. ,	ests	1c(5)					
	/er real property)	1c(6)					
	nts)	1c(7)					
		1c(8)			38958		29368
	ollective trusts	1c(9)					
		1c(10)					
	arate accounts	1c(11)					
	estment entities	1c(12)					
(13) Value of interest in registered	investment companies (e.g., mutual	1c(13)		78	320570		6960150
	ce company general account (unallocated	1c(14)					
(15) Other		1c(15)					

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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8432252	7400768
	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 through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	8432252	7400768

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	843511	
	(C) Others (including rollovers)	2a(1)(C)	74445	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		917956
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47	
	(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)	2144	
	(F) Other	_ 2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2191
	(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)	185033	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		185033
	(3) Rents	2b(3)		
	(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)		-375267
С	Other income	2c		
d	Total income. Add all income amounts in column (b) and enter total	2d		729913
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1749496	
	(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)		1749496
	Corrective distributions (see instructions)	2f		1978
	Certain deemed distributions of participant loans (see instructions)	2g		
U	Interest expense	2h		
	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(2) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	9923	
	 (4) Other (5) Total administrative expenses. Add lines 2i(1) through (4) 	2i(5)	0010	9923
-	Total expenses. Add all expense amounts in column (b) and enter total	2j		1761397
J	Net Income and Reconciliation	-,		
k	Net income (loss). Subtract line 2j from line 2d	2k		-1031484
	Transfers of assets:			
		2l(1)		
	(1) To this plan	21(1)		
	(2) From this plan	21(2)		
Pa	rt III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public accented.	countant is	attached to this Form 5500. Com	plete line 3d if an opinion is not
a T	The attached opinion of an independent qualified public accountant for this plan i	is (see instr	ructions):	
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse		
b C	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8	3 and/or 103	3-12(d)?	X Yes 🗌 No
CE	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: MOSS ADAMS		(2) EIN: 91-0189318	
d ⊤	The opinion of an independent qualified public accountant is not attached becau (1) This form is filed for a CCT, PSA, or MTIA. (2) I It will be attached		ext Form 5500 pursuant to 29 CFF	2520.104-50.

Page **4-** 1

Ра	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 42 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.		
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ad by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.).	4b		x		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		x		
е	Was tl	nis plan covered by a fidelity bond?	4e	Х			500000
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
Ι	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? ," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amount:		
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	fy the pla	n(s) to which a	assets or liabi	lities were
	5b(1)	Name of plan(s)			5b(2) EIN(s)		5b(3) PN(s)

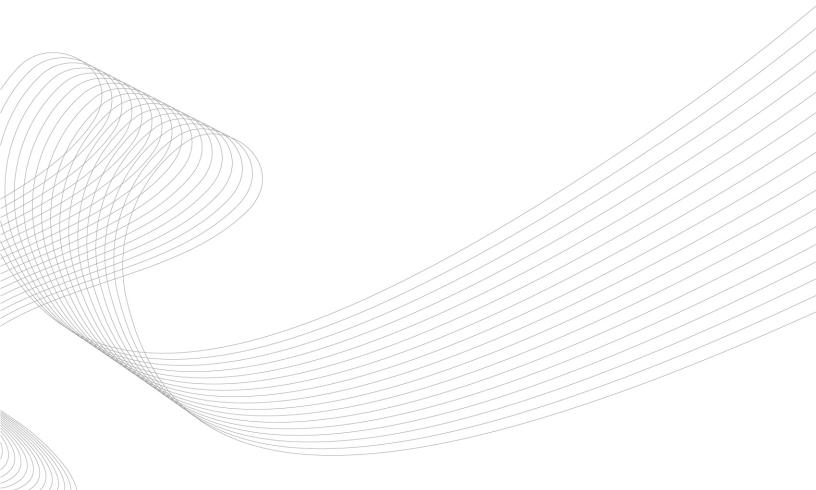
	SC	HEDULE R	Retirem	nent Plan Informa	tion			OMB No. 1210-0110				
	(F	orm 5500)	This askedule is require	d to be filed under costion 10	1 and 1005	of the			201	1		
		tment of the Treasury nal Revenue Service	Employee Retirement In	ed to be filed under section 10 come Security Act of 1974 (E	RISA) and s							
E		epartment of Labor nefits Security Administration		e Internal Revenue Code (the	,			This Form is Open to Public				
For		enefit Guaranty Corporation				~~ ^	10/04/0	044	Inspect	ion.		
-	calendar lame of p	plan year 2011 or fiscal p	an year beginning 01/01	/2011	and endi	ng 3 Three	12/31/2 -digit	J11				
ASCI	ENTIUM	401(K) PLAN					numbe	r	(001		
C P ASCI	Plan spon ENTIUM	sor's name as shown on li CORPORATION	ne 2a of Form 5500		C		oyer Ide 210588		on Numb	er (EIN)	
Ра	rt I	Distributions										
All	referenc	es to distributions relate	only to payments of benefi	ts during the plan year.								
1				r the forms of property specif								0
2				plan to participants or benefic		L	1 (if more	thop to	vo optor		fthoth	
2		who paid the greatest dolla		plan to participants of benefic	anes during	the year	(II MOR	e man iv	wo, enter		i the tv	NO
	EIN(s)	04-6568107										
	Profit-s	haring plans, ESOPs, ar	d stock bonus plans, skip l	ine 3.		F		i				
3				e distributed in a single sum,			3					
Pa	art II	Funding Informati ERISA section 302, skip		to the minimum funding requi	irements of s	ection of	412 of	the Inte	rnal Reve	nue Co	ode or	
4	Is the pl	•	,	2(d)(2) or ERISA section 302(d)(2)?			Yes	1	lo		N/A
	If the p	lan is a defined benefit p	lan, go to line 8.									
5			g standard for a prior year is t ter the date of the ruling lette	0	te: Month		_ Da	У	Y	ear		
•	•	• • •		dule MB and do not comple			this sc	hedule.				
6				include any prior year accum		-	6a					
	b Ent	er the amount contributed	by the employer to the plan fo	or this plan year			6b					
			from the amount in line 6a. E	Enter the result			6c					
		ompleted line 6c, skip li				L						
7	Will the	minimum funding amount	reported on line 6c be met by	/ the funding deadline?				Yes		lo	 	N/A
8	authorit	y providing automatic appl	oval for the change or a class	ar pursuant to a revenue proce s ruling letter, does the plan s	ponsor or pla	an		Yes		lo	[] I	N/A
Pa	art III	Amendments	-									—
9			plan, were any amendments	adopted during this plan								
	year tha	at increased or decreased	the value of benefits? If yes,	check the appropriate	Increase	e [Decre	ase	Both	ı	No	0
Pa	rt IV	ESOPs (see instrustion skip this Part.	uctions). If this is not a plan de	escribed under Section 409(a) or 4975(e)(7) of the	Internal	Reven	ue Code,			
10	Were u	nallocated employer secur	ities or proceeds from the sal	e of unallocated securities us	ed to repay a	any exem	pt loan	?		Yes		No
11	-									Yes	Ц	No
				oloyer as lender, is such loan					[Yes		No
12				n established securities mark						Yes		No
For	Paperw	ork Reduction Act Notice	e and OMB Control Number	s, see the instructions for F	orm 5500.			Sche	dule R (F	orm 5	500) 2	011

v.012611

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans								
13			lowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.								
	а	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									
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)									
		(1)									
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e	<i>comp</i> (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Case unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e 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:									
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	e	Contr comp (1)	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) contribution rate (in dollars and cents)								

14	Enter the number of participants on whose behalf no co	ontributions 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 ma employer contribution during the current plan year to:	ike an				
	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, c supplemental information to be included as an attachment.					
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans			
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment	structior	s regarding supplemental			
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 years3-6 years6-9 years9-12 years12-15 years15-18 years18-21 years21 years or more c What duration measure was used to calculate item 19(b)? 					
	Effective duration Macaulay duration Modified duration Other (specify):					



ASCENTIUM 401(k) PLAN

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2011 and 2010



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator Ascentium 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Ascentium 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of Schedule H, line 4(i) - Schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 8, which was certified by Fidelity Management Trust Company, the Plan's trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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

neve adams LLP

Seattle, Washington July 30, 2012



	2011	2010
ASSETS		
Investments, at fair value		
Mutual funds	\$ 6,960,150	\$ 7,820,570
Money market fund	411,250	572,724
	7,371,400	8,393,294
Notes receivable from participants	29,368	38,958
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,400,768	\$ 8,432,252

ASCENTIUM 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

ADDITIONS Investment income (loss) Net depreciation in fair value of investments Dividends and interest	\$ (375,267) 185,080 (190,187)
Interest income on notes receivable from participants	2,144
Contributions	
Participant	843,511
Rollovers	74,445
	917,956
Total additions	729,913
DEDUCTIONS	
Benefits paid to participants	1,751,474
Administrative expenses	9,923
Total deductions	1,761,397
NET CHANGE	(1,031,484)
NET ASSETS AVAILABLE FOR BENEFITS Beginning of year	8,432,252
beginning of year	0,732,232
End of year	\$ 7,400,768

Note 1 - Description of the Plan

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

General - The Plan is a defined contribution plan covering substantially all employees of Ascentium Corporation (the Company), except for those employees whose retirement benefits are the subject of collective bargaining. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During August 2011, the Company signed a merger agreement with Cactus Commerce Inc. (Cactus), a Canadian federal corporation. Since the merger, the Company and Cactus have begun integration of the two companies' products, customers, and employees, as well as certain management and administrative functions, resulting in a reduction in work force associated with the merger. The Company is considering whether the Plan has met the criteria for a partial plan determination related to the reduction in work force.

Eligibility - Employees of the Company are eligible to participate on the date they are hired and have attained the age of 18. Employees may enter the Plan on the first day of the month falling on or after the date they become eligible.

Contributions - Participants may elect to contribute up to 75% of eligible compensation to the Plan each year. Participants may also contribute amounts representing rollovers from other qualified plans. The Company may make discretionary matching and profit sharing contributions to the Plan. Matching contributions are based on a specified percentage of employee deferral contributions. Profit sharing contributions are based on the compensation of the participants. There were no employer matching or profit sharing contributions for the year ended December 31, 2011. Contributions are subject to regulatory limitations.

Vesting - Participants are fully vested in their salary deferral contributions plus actual earnings thereon. Vesting in the Company's contributions is based on years of service. A participant is 33%, 67%, and 100% vested after 1, 2, and 3 years of service, respectively.

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested account balance or installments as defined by the plan agreement.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of the Company's contributions and earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of the Plan (Continued)

Forfeitures - Forfeitures are the nonvested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and used to pay administrative expenses or to reduce the Company's contributions. At December 31, 2011 and 2010, forfeited accounts totaled \$2,862 and \$3,655, respectively. During 2011, forfeitures totaling \$5,216 were used to pay administrative expenses of the Plan.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Generally, the term of the loan may not exceed five years, unless the loan is to purchase a personal residence. The loans are secured by the balance in the participant's account and bear interest at a rate equal to available market financing rates. Principal and interest are paid ratably through payroll deductions. As of December 31, 2011, outstanding notes receivable from participants bear interest at 5% with various maturity dates through August 2014.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation - Investments are stated at fair value as certified by Fidelity Management Trust Company (the Trustee). Fair value is the price that would be received to sell an asset or paid to transfer a liability ("exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains or losses and the unrealized appreciation and depreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

Expenses - Administrative expenses are paid by the Company. Certain recordkeeping and transaction fees are paid by the Plan.

Subsequent Events - The Plan has evaluated subsequent events through July 30, 2012, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

	 2011	 2010
Fidelity Diversified International Fund	\$ 550,028	\$ 743,643
Fidelity Contrafund	502,413	514,349
Fidelity Retirement Money Market Portfolio	411,250	572,724
Spartan Total Market Index Fund	*	447,791

* Investment did not represent over 5% of net assets at December 31, 2011.

Note 4 - Fair Value Measurements

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- **Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- **Level 3** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used as of December 31, 2011 and 2010.

Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

The money market fund is a public investment vehicle valued using \$1 for the NAV. The money market fund is classified within level 1 of the valuation hierarchy.

Note 4 - Fair Value Measurements (Continued)

The following table discloses by level, the fair value hierarchy as of December 31:

	Investments at Fair Value as of December 31, 2011							
	Level 1	Le	vel 2	Le	vel 3	Total		
Mutual funds								
Growth funds	\$ 4,287,298	\$	-	\$	-	\$ 4,287,298		
Target date funds	1,484,212		-		-	1,484,212		
Fixed income funds	580,457		-		-	580,457		
Index funds	438,549		-		-	438,549		
Balanced fund	169,634		-		-	169,634		
Money market fund	411,250		-		-	411,250		
	\$ 7,371,400	\$	-	\$	-	\$ 7,371,400		
	Invest	ments at	: Fair Valu	e as of De	ecember 3	31, 2010		
	Level 1	Le	vel 2	Le	vel 3	Total		
Mutual funds								
Growth funds	\$ 4,923,940	\$	-	\$	-	\$ 4,923,940		
Target date funds	1,562,481		-		-	1,562,481		
Fixed income funds	597,459		-		-	597,459		
Index funds	586,051		-		-	586,051		
Balanced fund	150,639		-		-	150,639		
Money market fund	572,724		-		-	572,724		
	\$ 8,393,294	\$	-	\$	-	\$ 8,393,294		

Note 5 - Tax Status

The plan document is a prototype defined contribution plan that received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the prototype plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Note 7 - Party-In-Interest Transactions

Plan investments include shares of mutual funds managed by Fidelity Investments. The Trustee is an affiliate of Fidelity Investments and, therefore, transactions with these entities qualify as exempt party-in-interest transactions.

Note 8 - Information Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.
- Investment income (loss) and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Investments reflected on the supplemental schedule of assets (held at end of year).

SUPPLEMENTAL SCHEDULE

ASCENTIUM 401(k) PLAN EIN: 91-2105883 PLAN: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

(a)	(b) Identity of Issuer, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par Value, or Maturity Value	(d) Cost		(e) Current Value
*	Fidelity Diversified International Fund	Mutual Fund	**	\$	550,028
*	Fidelity Contrafund	Mutual Fund	**		502,413
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	**		411,250
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**		356,962
*	Fidelity Growth Company Fund	Mutual Fund	**		347,610
*	Fidelity Freedom 2030 Fund	Mutual Fund	**		344,414
*	Fidelity Freedom 2040 Fund	Mutual Fund	**		310,759
*	Fidelity Mid Cap Stock Fund	Mutual Fund	**		309,248
*	Fidelity Intermediate Bond Fund	Mutual Fund	**		302,215
*	Fidelity Freedom 2020 Fund	Mutual Fund	**		292,239
*	Fidelity Spartan Total Market Index Fund	Mutual Fund	**		291,527
*	Fidelity Value Fund	Mutual Fund	**		274,990
*	Fidelity Export and Multinational Fund	Mutual Fund	**		264,181
*	Fidelity Low Price Stock Fund	Mutual Fund	**		246,263
*	Fidelity Freedom 2035 Fund	Mutual Fund	**		232,902
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**		209,748
*	Fidelity Puritan Fund	Mutual Fund	**		169,634
*	Fidelity OTC Portfolio Fund	Mutual Fund	**		163,235
*	Fidelity Real Estate Investment Fund	Mutual Fund	**		161,577
*	Fidelity Overseas Fund	Mutual Fund	**		149,088
*	FidelitySpartan Extended Market Index Fund	Mutual Fund	**		147,022
*	Fidelity Small Cap Value Fund	Mutual Fund	**		127,203
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**		126,524
*	Fidelity Value Strategies Fund	Mutual Fund	**		123,061
*	Fidelity Freedom 2050 Fund	Mutual Fund	**		115,647
*	Fidelity Dividend Growth Fund	Mutual Fund	**		113,047
*	Fidelity Freedom 2045 Fund	Mutual Fund	**		98,166
*	Fidelity Large Cap Stock Fund	Mutual Fund	**		87,876
*	Fidelity Growth Strategies Fund	Mutual Fund	**		86,725
*	Fidelity Equity-Income II Fund	Mutual Fund Mutual Fund	**		82,609
*	Fidelity Fund	Mutual Fund Mutual Fund	**		75,964
*	Fidelity Equity Income Fund	Mutual Fund Mutual Fund	**		72,762
*	Fidelity Short Term Bond Fund	Mutual Fund Mutual Fund	**		72,782 68,494
*	Fidelity Fifty Fund		**		
*	Fidelity Freedom 2000 Fund	Mutual Fund	**		64,922 24,999
*		Mutual Fund	**		34,888
*	Fidelity Freedom 2025 Fund	Mutual Fund	**		33,321
*	Fidelity Freedom Income Fund	Mutual Fund	**		13,195
*	Fidelity Freedom 2010 Fund	Mutual Fund	**		6,118
*	Fidelity Freedom 2005 Fund	Mutual Fund	**		1,291
	Fidelity Freedom 2015 Fund	Mutual Fund	ጥተ		1,272
*	Participant loans	Interest rates at 5%, maturing through August 2014	-		29,368
				\$	7,400,768
				_	

* Represents a party-in-interest to the Plan.

** Cost information has been omitted as these investments are participant directed.

ASCENTIUM 401(k) PLAN EIN: 91-2105883 PLAN: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

<u>(a)</u>	(b) Identity of Issuer, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par Value, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Diversified International Fund	Mutual Fund	**	\$ 550,028
*	Fidelity Contrafund	Mutual Fund	**	502,413
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	**	411,250
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	356,962
*	Fidelity Growth Company Fund	Mutual Fund	**	347,610
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	344,414
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	310,759
*	Fidelity Mid Cap Stock Fund	Mutual Fund	**	309,248
*	Fidelity Intermediate Bond Fund	Mutual Fund	**	302,215
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	292,239
*	Fidelity Spartan Total Market Index Fund	Mutual Fund	**	291,527
*	Fidelity Value Fund	Mutual Fund	**	274,990
*	Fidelity Export and Multinational Fund	Mutual Fund	**	264,181
*	Fidelity Low Price Stock Fund	Mutual Fund	**	246,263
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	232,902
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	209,748
*	Fidelity Puritan Fund	Mutual Fund	**	169,634
*	Fidelity OTC Portfolio Fund	Mutual Fund	**	163,235
*	Fidelity Real Estate Investment Fund	Mutual Fund	**	161,577
*	Fidelity Overseas Fund	Mutual Fund	**	149,088
*	FidelitySpartan Extended Market Index Fund	Mutual Fund	**	147,022
*	Fidelity Small Cap Value Fund	Mutual Fund	sjesje	127,203
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**	126,524
*	Fidelity Value Strategies Fund	Mutual Fund	**	123,061
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	115,647
*	Fidelity Dividend Growth Fund	Mutual Fund	**	114,057
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	98,166
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	87,876
*	Fidelity Growth Strategies Fund	Mutual Fund	**	86,725
*	Fidelity Equity-Income II Fund	Mutual Fund	sjesje	82,609
*	Fidelity Fund	Mutual Fund	**	75,964
*	Fidelity Equity Income Fund	Mutual Fund	**	72,762
*	Fidelity Short Term Bond Fund	Mutual Fund	**	68,494
*	Fidelity Fifty Fund	Mutual Fund	**	64,922
*	Fidelity Freedom 2000 Fund	Mutual Fund	**	34,888
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	33,321
*	Fidelity Freedom Income Fund	Mutual Fund	**	13,195
*	Fidelity Freedom 2010 Fund	Mutual Fund	sjesje	6,118
*	Fidelity Freedom 2005 Fund	Mutual Fund	**	1,291
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	1,272
*	Participant loans	Interest rates at 5%, maturing		
		through August 2014	-	29,368
				\$ 7,400,768

* Represents a party-in-interest to the Plan.

** Cost information has been omitted as these investments are participant directed.