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

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information							
For c	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
A T	his ret	urn/report is for: X a single-employer plan a n	nultiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
Вт	his ret	urn/report is: the first return/report the	e final return/report						
		an amended return/report a sl	hort plan year returr	n/report (less than 12 m	onths))			
C 0	heck b	oox if filing under: Form 5558 au	tomatic extension			DFVC progra	ım		
		special extension (enter description)				_			
Pai	rt II	Basic Plan Information—enter all requested information	n						
	Name (·			1b	Three-digit			
ADAP)	X, INC.	401(K) PLAN				plan number (PN) ▶	001		
					10	Effective date or			
						05/01/	•		
	Plan sp X, INC	onsor's name and address; include room or suite number (empl	oyer, if for a single-	employer plan)	2b	Employer Identif	fication Number 49110		
					2c	Sponsor's telep			
		AN WAY, SUITE 130 /A 98121			24				
					Zu	d Business code (see instructions 541519			
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
					3c	Administrator's t	elephone number		
							·		
4	If the n	ame and/or EIN of the plan sponsor has changed since the last	return/report filed fo	or this plan enter the	4h	EIN			
		EIN, and the plan number from the last return/report.	rotan proport mod re	in the plan, enter the	70	LIIN			
_		or's name			4c	PN			
5a	Total n	number of participants at the beginning of the plan year			5a		61		
		number of participants at the end of the plan year			5b		67		
С		er of participants with account balances as of the end of the planete this item)			5c		37		
		all of the plan's assets during the plan year invested in eligible a					X Yes No		
b		u claiming a waiver of the annual examination and report of an in 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No		
		answered "No" to either line 6a or line 6b, the plan cannot u					[
		penalty for the late or incomplete filing of this return/report							
		lities of perjury and other penalties set forth in the instructions, I					able, a Schedule		
		dule MB completed and signed by an enrolled actuary, as well a rue, correct, and complete.	s the electronic vers	sion of this return/report	i, and	to the best of my	knowledge and		
SIGN Filed with authorized/valid electronic signature. 05/21/2013 MARK SHAPLAND									
HERE		Signature of plan administrator	Date	Enter name of individual signing as plan administrate			ninistrator		
SIGN		Filed with authorized/valid electronic signature.	05/21/2013	MARK SHAPLAND					
		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan s					
Prep	arer's ı	name (including firm name, if applicable) and address; include ro	oom or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

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Par	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
a	Total plan assets	7a	112184				1545892	
	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	112184				1545892	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) runount				(5) 10141	
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)	27389	98				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	16213	88				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					436036	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1199	2				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
q	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11992	
	Net income (loss) (subtract line 8h from line 8c)	8i					424044	
	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics	, oj		0				
	If the plan provides pension benefits, enter the applicable pension 2F 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Dawl	W Commission of Oscoptions							
Part	•				V	NI.		
10	During the plan year:	C 20-1	andra Caramania di danamina di Sa	ı	Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X		
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		5741	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11								
11a						11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se			ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter rulingYear	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		т	
b	Enter the minimum required contribution for this plan year					12b		

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Inlemal 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

2012

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information	cordance with the mstr	uctions to the Form 5500	J-3F.				
	calendar plan year 2012 or fi		01/01/2012	and ending	12/31/2012				
Α	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)					
В	This return/report is:	the first return/report	the final return/repor	t		•			
		an amended return/report		urn/report (less than 12 m	onths)				
С	Check box if filing under:	Form 5558	automatic extension		DFVC progra	am			
	3	special extension (enter descri			☐ - · · · · · · · · · · · · ·				
P	art II Basic Plan Info	ormation enter all requested i	·						
	Name of plan	ormation enter all requested i	mormation		1b Three-digit				
	ADAPX, INC. 401(k)	PT.AN			plan number	001			
	ADMIN, INC. 401(K)	E IIAN			(PN) ► 1c Effective date of				
					05/01/2006				
2a	Plan sponsor's name and ad	ddress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	2b Employer Ident	ification Number			
	ADAPX, INC.				(EIN) 26-06	49110			
					2c Sponsor's telep				
	2200 Alaskan Way,	Suite 130			(206) 428-				
TTC.	Seattle	173 00101			2d Business code 541519	(see instructions)			
		WA 98121 nd address X Same as Plan Spo	nsor Name Same as	Plan Sponsor Address	3b Administrator's	FIN			
		and day of the opposite of the	noor rumo cumo uo	Trial opensor Address	OD / tallimistrator s				
					3c Administrator's telephone number				
					JC Administrators	telephone number			
4		e plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN				
		nber from the last return/report.							
_	Sponsor's name				4c PN				
อa b		at the beginning of the plan year .			5a	61			
C		at the end of the plan year account balances as of the end of the			5b	67			
_	complete this item)	The city of the ci			5c	37			
6a		during the plan year invested in elig		ctions \	***************************************	X Yes No			
b		the annual examination and report		ed public accountant (IQP	'A)	_			
		(See instructions on waiver eligibili				X Yes No			
		ther line 6a or line 6b, the plan ca							
		or incomplete filing of this return							
Und SB	der penalties of perjury and of or Schedule MB completed a	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	oort, including, if applic	cable, a Schedule			
beli	ief, it is true, correct, and com	plete.	o won as the electronic v	craint or this return/report	, and to the best of my	r knowledge and			
SIGN Mark Shapland									
	RE Signature of plan adm	inistrator	Date	Enter name of individua	l signing as plan admi	inistrator			
01	- L	2 ha la	6/11/12	Mark Shapland	a organization				
	GN Signature of employer	/olan sponsor	Date	Enter name of individua	l signing as employer	or plan enoneor			
	- I grantant or oringroje.	name, if applicable) and address; inc			Preparer's telephone				
	,	, in approvation and address, int	room or dutto numb	o. (optional)	. Toparor a telephone	nambor (optional)			
						orte XS-Sa TG (S) Y V			
				l l	DAY NOT BE THE				

Pa	art III Financial Information							
7	Plan Assets and Liabilities	8,44	(a) Beginning of Year				(b) End of	Year
а	Total plan assets	. 7a	1,121,84	18	1,545,892			
b	Total plan liabilities	. 7b		0	0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,121,84	18			,545,892	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al
а	Contributions received or receivable from:							
_	(1) Employers		000 00	0		1		
-	(2) Participants	+	273,89	0.00	557		13.30	
	(3) Others (including rollovers)			0				
<u>b</u>	Other income (loss)	3.55	162,13	38			2 H	A Security
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	is state that in Battlings					436,036
u	to provide benefits)	. 8d	11,99	92	i jes			
e	Certain deemed and/or corrective distributions (see instructions)	_	11000 11000	0		6 P.V		
f	Administrative service providers (salaries, fees, commissions)	. 8f		0		TOP I	Water	
g	Other expenses			0	785	1 100	N. IWIE	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		IN PARTY OF THE PROPERTY OF TH	70-1		-		11,992
÷	Net income (loss) (subtract line 8h from line 8c)			WO 8				424,044
÷	Transfers to (from) the plan (see instructions)			0	1000	ų, E	N 18 9 1	N2121011
De	art IV Plan Characteristics	. 0					resident -	
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe							
b	2F 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	istic (Codes	in the	instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	tions within t	the time period described in tion Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of							
	instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	х			5,741
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	tions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Pai	rt VI Pension Funding Compliance	2.000		LEVEN.				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
11a	Enter the amount from Schedule SB line 39					11a	and the second second	
12	Is this a defined contribution plan subject to the minimum funding						RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicat	ile.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortized	l in this plan year, see instructi		and en	ter the		letter ruling Year
If	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					12b		
b								

	Form 5500-SF 2012 Page 3-				
C	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. 🗀	Yes 🗆	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Ye	es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBGC?	1 1 1 1 1 2 2 3 1 3 2			
С	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.)				
1	3c(1) Name of plan(s): 13c(2	c(2) EIN(s)		13c(3) PN(s)	
Part	VIII Trust Information (optional)				
(311.31.31.3		445 - 11 - 111			
14a Name of trust			14b Trust's EIN		