

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>01/01/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☒ final return/report ☐ an amended return/report ☒ short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☒ special extension (enter description) <u>EXPLANATION ATTACHED</u>

Part II	Basic Plan Information —enter all requested information	
1a Name of plan <u>VERTIGO INC.</u>		1b Three-digit plan number (PN) <u>001</u> 1c Effective date of plan <u>01/01/2000</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>VERTIGO INC.</u> <u>30500 AURORA ROAD</u> <u>OLON, OH 44139</u>		2b Employer Identification Number (EIN) <u>33-0162224</u> 2c Plan sponsor's telephone number <u>216-438-6157</u> 2d Business code (see instructions) <u>541330</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>HUNTER DEFENSE TECHNOLOGIES</u> <div style="text-align: right;"><u>30500 AURORA ROAD</u> <u>OLON, OH 44139</u></div>		3b Administrator's EIN <u>13-4133473</u> 3c Administrator's telephone number <u>216-438-6157</u>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name <u>HUNTER DEFENSE TECHNOLOGIES</u>		4b EIN <u>13-4133473</u> 4c PN <u>001</u>
5a Total number of participants at the beginning of the plan year		5a <u>52</u>
b Total number of participants at the end of the plan year		5b <u>0</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c <u>0</u>
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	<u>1313740</u>	<u>0</u>
b Total plan liabilities	7b	<u>0</u>	
c Net plan assets (subtract line 7b from line 7a)	7c	<u>1313740</u>	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** 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:**Part V Compliance Questions**

10	During the plan year:	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	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		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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 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	

e 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 during the plan year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 1313740

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
HUNTER DEFENSE TECHNOLOGIES, INC. 401(K) RETIREMENT	13-4133473	001

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/02/2014	VERONICA GILBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

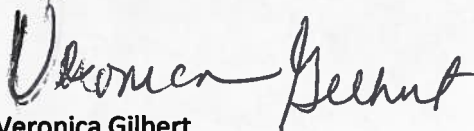
Dear Sir/Madam:

This letter is to address the attached notice we received with respect to the final filing for the Vertigo Inc. 401k Plan & Trust.

The plan was merged into the Hunter Defense Technologies 401k plan on 01/01/2010 and we were not aware that a final separate filing was necessary to identify that funds were transferred to the Hunter Defense Technologies 401(k).

A final filing was submitted to the IRS on January 2, 2014.

Respectfully yours,

A handwritten signature in black ink that reads 'Veronica Gilbert'.

**Veronica Gilbert
VP of HR
HDT Global, LLC**

OGDEN UT 84201-0018

001425.245854.15751.389 1 MB 0.405 864



 VERTIGO INC
30500 AURORA RD STE 100
SOLON OH 44139-2776250

Mailed

on Dec 16 2013

Certified.

1425

 Be sure the IRS address appears in your envelope window.

BODCD-TE
SELCD-

Notice Number: CP406
Notice Date : 2013-12-02
Tax Period : 201112



330162224

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0018


VERTIGO INC
30500 AURORA RD STE 100
SOLON OH 44139-2776250

330162224 WL 0000 01 2 201112 000 0000000

VERTIGO INC
30500 AURORA RD STE 100
SOLON OH 44139-2776250

1425

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form	Employer Identification Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number
number:

Section II

Not Required to File

Please check the box that applies to you, a form was not filed because:

- ☐ Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form. *Merged into new plan 11/1/10. Filed 2*
- ☐ Other:

Return
will
arrive
003 Fri

Section III

Reason for not filing on time

Explain why you did not file on time:



IRS Department of the Treasury
Internal Revenue Service

OMB Clearance No.: 1545-1610

OGDEN UT 84201-0046

In reply refer to: 0423478444
Feb. 04, 2013 LTR 1074C 0
33-0162224 201012 74 001
00013383
BODC: TE

VERTIGO INC
20590 CEREAL ST STE 100
LAKE ELSINORE CA 92530-8500

006401

Employer Identification Number: 33-0162224
Name of Plan: Vertico Inc 401K Plan & Trust
Plan Number: 001
Plan Year Ended: Dec. 31, 2010

Dear Taxpayer:

Thank you for your response dated Jan. 03, 2013.

You must complete and file a "Final" Form 5500, Annual Return/Report of Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 12-02-2013
TAXPAYER IDENT. NUM: 33-0162224
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2011

VERTIGO INC
30500 AURORA RD STE 100
SOLON OH 44139-2776250

[] DFVC Program Date applied _____

Penalties for not Filing

If you were required to file and failed to do so, you may be liable under DOL regulations for civil penalties of up to \$1,100 per day for each return/report, along with IRS penalties of \$25 per day (up to \$15,000).

How to Get Forms, Instructions and Publications

Forms, instructions and publications are available on the IRS website at www.irs.gov or by calling the IRS Forms Distributions Center toll-free at 1-800-TAX-FORM (1-800-829-3676).

How To Get Help

For more information about this notice visit the Retirement Plans Community web page at www.irs.gov/ep, click on "EP FAQs" in the left navigational box and click on "Form 5500 Notices - CP 403/406" under Plan Operations or if you need additional information on whom should file refer to Section 1 of the Form 5500 or Form 5500-SF instructions. If you do not find the information you need, call the IRS Help Line at 1-877-829-5500 (toll free).

Response Due Date

Please send the information to us by 01-02-2014.

How to Send the Information to Us

Depending on how you respond to this notice, send us the information using one of the following:

1. If you already filed, complete Section I of this notice and send it to the address located in the heading of this notice or fax it to us at 801-620-7116 (not toll-free).
2. If you are not required to file, complete Section II of this notice and send it to the address located in the heading of this notice or fax it to us at 801-620-7116 (not toll-free).
3. If you are responding to this notice for multiple Plans, please complete the applicable sections for each plan as indicated above.