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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	O-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fiso	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	urn/report is for:	X a single-employer plan ☐ ;	a multiple-employer pl	an (not multiemployer)	[a one-partici	pant plan
B This ret	urn/report is:	the first return/report	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	<u></u>	
C Check b	oox if filing under:	片	automatic extension			DFVC progra	am
	T =	special extension (enter description	•				
Part II	Basic Plan Infor	mation—enter all requested information	tion				1
1a Name	•					Three-digit	
ADAPX, INC	. 401(K) PLAN					plan number	004
						(PN) •	001
					10	Effective date o	
20 Dian s			unlavian if fan a ainala		OI-		/2006
ADAPX, INC		ress; include room or suite number (en	iployer, if for a single-	employer plan)			fication Number 49110
					2c	Sponsor's telep	
2200 ALASK SEATTLE, V	(AN WAY, SUITE 130 VA 98121				2d		(see instructions)
						54151	` ,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name,		plan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan num or's name		·	·	4c		67
name, a Sponse 5a Total r	EIN, and the plan num or's name number of participants a	ber from the last return/report.					67 46
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		46
name, a Sponso 5a Total r b Total r c Numbo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b 5c	PN	
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	33 X Yes No
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	33
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are refunded in the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to either of the plan's assets of the plan's assets out claiming a waiver of the plan's answered "No" to either or the plan's answered	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) t use Form 5500-SF	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c 5c	PN	33 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are refunded in the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to either of the plan's assets of the plan's assets out claiming a waiver of the plan's answered "No" to either or the plan's answered	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) t use Form 5500-SF	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c 5c	PN	33 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct n independent qualifiend conditions.) t use Form 5500-SF urance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	PN	46 33
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan number of participants and the plan participants are reflected by the plan's assets of the plan's asset of the	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.) t use Form 5500-SF urance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA) Form 9	PN 5500. Yes No established.	46 33
name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and participants are reflected participants with an ete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applic	46 33
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan numor's name number of participants and participants are referred participants with an ete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applic	46 33
name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan number of participants and the plan participants are reflected by the plan is assets by claiming a waiver of the plan's assets by claiming a waiver of the plan's assets by claiming a waiver of the plan is a defined benefit a penalty for the late of perjury and other planes of perjury and per	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier nd conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic ven	fit plans do not tions.)	4c 5a 5b 5c —————————————————————————————————	PN 5500. Yes No established. cluding, if applice the best of my	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants and participants are referred participants with an ete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c —————————————————————————————————	PN 5500. Yes No established. cluding, if applice the best of my	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of participants and the plan participants are reflected by the plan is assets on claiming a waiver of the plan's assets on claiming a waiver of the plan and the plan is a defined benefit a penalty for the late of perjury and other claiming and completed and true, correct, and completed with authorized/view signature of plan and participants.	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report	4c 5a 5b 5c PA) Form 9 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	4c 5a 5b 5c Form 9 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	4c 5a 5b 5c Form 9 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic veri	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed.	46 33 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca
_ <u>'</u> _a		7a	(a) Beginning of Yea		-		(b) End of Year 2025760
<u>a</u>	Total plan assets Total plan liabilities			0			0
	Net plan assets (subtract line 7b from line 7a)	1515				2025760	
8	, ,	7c					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)	21973	6			
	(3) Others (including rollovers)	8a(3)	4004	1			
b	Other income (loss)	8b	32943	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					589211
d	Benefits paid (including direct rollovers and insurance premiums	8d	10934	3			
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0			
_	Administrative service providers (salaries, fees, commissions)			0			
		8f		0			
<u>g</u>	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g		U			109343
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					479868
÷	Net income (loss) (subtract line 8h from line 8c)			0			47 9000
	, , , , , ,	8j		0			
	t IV Plan Characteristics	f4	des from the List of Disc Char	4	4i- C-	-l !-	the instructions.
9a	If the plan provides pension benefits, enter the applicable pension 2F 2F 2G 2J 2K 3D	reature co	des from the List of Plan Char	actens	SIIC CO	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Dar	Part V Compliance Questions						
	10 During the plan year: Yes No Amount						
	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 Fidu	ıciary Corr	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	,				X		
C				10c			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all			10e		X	
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X	
g				10f 10q	X		27981
h		-	·	iug			27901
	2520.101-3.)			10h		X	
İ	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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		·			302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						. 531
	Enter the minimum required contribution for this plan year	,	,			12b	

Page	3 -	1
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С	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?		res 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?	e control		
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	(1) Name of plan(s):	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			•
	Name of trust PX, INC. 401(K) PLAN		rust's EIN 261389223	

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

2013

This Form is Open to Public Inspection

Par	I Annual Report	Identification Information		-X					
For ca	endar plan year 2013 or fi		01/01/2013	and ending	12/31/2013	3			
A Th	s return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-participant plan				
B Thi	s return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Ch	eck box if filing under:	Form 5558	automatic extension	the latest from Europe to person of the	DFVC program				
				<i>3</i> ,					
Dord	II Dania Diam Info	special extension (enter descrip							
Part	ame of plan	ormation enter all requested in	formation		1b Three-digit				
	·				plan number				
ADAPX, INC. 401(k) PLAN						001			
					1c Effective da 05/01/20	•			
2a P	lan sponsor's name and a	ddress; include room or suite number	· (employer, if for a single	employer plan)		entification Number			
A	DAPX, INC.			. , . ,	(EIN) 26-				
					2c Sponsor's te	elephone number			
2	200 ALASKAN WAY,	SUITE 130			(206) 42				
	·					de (see instructions)			
	EATTLE	WA 98121			541519				
3a P	lan administrator's name a	nd address 🕱 Same as Plan Spor	isor Name Same as	Plan Sponsor Address	3b Administrate	or's EIN			
					3c Administrate	or's telephone number			
4 If	the name and/or FIN of the	e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN				
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.						TO LIN			
a s	ponsor's name				4c PN				
5a ⊤	otal number of participants	at the beginning of the plan year			5a	67			
		at the end of the plan year			5b	46			
C N	umber of participants with	account balances as of the end of the	e plan year (defined ben	efit plans do not	E-	33			
		during the plan year invested in eligi			5c	X Yes No			
		the annual examination and report of			······	INO INO			
		? (See instructions on waiver eligibilit		ed public accountant (IQP		X Yes No			
		ther line 6a or line 6b, the plan car	A CONTROL						
		it plan, is it covered under the PBGC				No Not determined			
Cauti	on: A nonalty for the late	or incomplete filing of this return/	ronost will be appeared	Luminos vocas meblo es	una in antabiliahad				
		ther penalties set forth in the instruct							
SB or	Schedule MB completed a	and signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	t, and to the best of	my knowledge and			
	it is true, correct, and com								
SIGN	may &	hall	5/24/14	Mark Shapland					
HER		inistrator	Date	Enter name of individua	al signing as plan a	dministrator			
SIGN	man.	Dr.lu	5/20/14	Mark Shapland					
HER			Date	Enter name of individua	al signing as emplo	ver or plan sponsor			
Prepa		name, if applicable) and address; inc				one number (optional)			
·	. •	,, ,				(-1			
						The All Mail I at			

Pa	rt III Financial Information	.,							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	^ғ Үеаг	
а	Total plan assets	7a	1,545,89	92				2,025,760	
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,545,89	92	2,025,76			2,025,760	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			tal	
a	Contributions received or receivable from:	0-14)		0	i II		The second		
	(1) Employers	8a(1)	219,7		100		- I Land Control		
-	(2) Participants	8a(2)	40,04						
	Other income (loss)	8a(3) 8b	329,4		DEACS.				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	329,4.	3.4	No. of		V 1	E00 011	
	Benefits paid (including direct rollovers and insurance premiums	00			1000	10.00		589,211	
	to provide benefits)	8d	109,3	43	INT				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	179.0		25		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	g ro				
g	Other expenses	8g		0		10		(RUY) 1 (55.5)	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		DI E				109,343	
ينا	Net income (loss) (subtract line 8h from line 8c)	81						479,868	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0		3	NI FIELD		
Pa	rt IV Plan Characteristics								
Pa	2F 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions	ture codes	s from the List of Plan Character	ristic (20/10			
10	During the plan year:			-	Yes	No		mount	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions withir iarv Corre	the time period described in ction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not i	nclude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	х			200,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х			27,981	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions 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		notice or one of the	10i					
Par	t VI Pension Funding Compliance			•					
11									
11a	Enter the unpaid minimum required contribution for current year fro				- 1	11a			
12	Is this a defined contribution plan subject to the minimum funding re				_	Symbol.	RISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	ed in this plan year, see instructi	ons, a	and en	ter th	e date of the	letter ruling Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.		- 4				
b	Enter the minimum required contribution for this plan year					12b			

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С	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?	□ Y	es X N	0	
	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	ontrol Yes X		
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.)				
1	3c(1) Name of plan(s):	3c(2) EIN	(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	lame of trust	14b 1	rust's EIN		
I	DAPX, INC. 401(k) PLAN		26-1389	9223	