Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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SIGN **HERE**

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit plan number ADAPX, INC. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 05/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number ADAPX, INC. (EIN) 26-0649110 Sponsor's telephone number 206-428-0800 2200 6TH AVE SUITE 925 Business code (see instructions) SEATTLE, WA 98121 541519 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 46 **b** Total number of participants at the end of the plan year..... 5b 35 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 31 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 46 d(2) Total number of active participants at the end of the plan year..... 5d(2) 18 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and conditi	ident qualified public accounta	nt (IC	PA)				X Y	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Er	nd of	Year		
<u>a</u>	Total plan assets	7a	20257						230	5288	
<u>b</u>	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7с	20257	'60					230	5288	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)	1864	71							
	(3) Others (including rollovers)	8a(3)	16	677							
b	Other income (loss)	8b	1341	06							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32	2254	
	Benefits paid (including direct rollovers and insurance premiums		427	726							
	o provide benefits)	8d	421	0							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g		0					1	2726	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i								9528	
	Net income (loss) (subtract line 8h from line 8c)			0						0020	
Par		8j		U							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	he instru	iction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X					20	0000
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 instructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10q	Х					2	1053
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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day			letter ear _	rulino]

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2014

This Form is Open to Public Inspection

Part		Identification Information					
For cal	endar plan year 2014 or fi	scal plan year beginning		01/01/2014	and ending	12/3	1/2014
	s return/report is for: s return/report is:	a single-employer plan a one-participant plan the first return/report			oyer information in accord		king this box must attach a list he form instructions)
		an amended return/report		a short plan year retu	rn/report (less than 12 m	nonths)	
C Che	eck box if filing under:	Form 5558 special extension (enter descri		automatic extension		_ D	FVC program
Part	II Racic Plan Info						
	ame of plan	ormation enter all requested i	intorn	nation		1b Thre	no digit
	DAPX, INC. 401(k)	PLAN				plan (PN)	number) ▶ 001
							ctive date of plan '01/2006
2a PI	an sponsor's name and ac DAPX, INC.	ddress; include room or suite numbe	er (em	nployer, if for a single	e-employer plan)	2b Emp	oloyer Identification Number l) 26-0649110
							nsor's telephone number 6) 428-0800
	00 6th Ave. ite 925						iness code (see instructions)
US	SEATTLE WA 98121						.519
3a Pla	an administrator's name a	nd address X Same as Plan Spo	onsor	Name		3b Adm	ninistrator's EIN
4 If t	he name and/or EIN of the	e plan sponsor has changed since tl	the las	st return/report filed f	or this plan, enter the	3c Adm	ninistrator's telephone number
na	me, EIN, and the plan nun	nber from the last return/report.		or return report mea r	or trio plan, enter the	TO LIN	
	onsor's name					4c PN	
		at the beginning of the plan year .				5a	46
C Nu	mber of participants with a	at the end of the plan year account balances as of the end of the	he nla	n vear (defined hene	efit plans do not	5b	35
COI	mplete this item)	***************************************	•••••			5c	31
d(1) 1	otal number of active part	ticipants at the beginning of the plan	n yea	Г		5d(1)	46
		ticipants at the end of the plan year				5d(2)	18
e Nu les		erminated employment during the p				5e	0
		or incomplete filing of this return	.3645-979.4-1	TO SECURE OF THE PARTY OF THE P	V1 (33) (31) (3) (3) (3) (3) (3) (3	use is estat	
Under SB or S	penalties of perjury and ot	her penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions.	. I declare that I have	examined this return/re	port. includi	ng, if applicable, a Schedule
SIGN	Un			07/16/15	Kenneth Schneid	er	
HERE	Signature of plan adm	inistrator		Date ,	Enter name of individua	al signing as	s plan administrator
SIGN	Class	1		07/16/15	Kenneth Schneid	er	
HERE	and and an ample of			Date		al signing as	s employer or plan sponsor
Prepare	er's name (including firm n	ame, if applicable) and address; inc	clude	room or suite numbe	er (optional)	Preparer's	telephone number (optional)

b /	Form 5500-SF 2014		Page 2					
b /	Were all of the plan's assets during the plan year invested in eligible	assets? (See	instructions)					X Yes No
l I	Are you claiming a waiver of the annual examination and report of a							A res INC
ı								XYes No
c l	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan canno	na conditions. ot use Form 5:	l e					
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance progra	am (see ERISA section 4021	1)? .		Yes	□ No □	Not determi
Pa	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year		Г		(b) End of	Voar
_	Fotal plan assets	7a	2,025,70		1			2,305,288
	Total plan liabilities		2,025,70	0	1			2,303,288
	Net plan assets (subtract line 7b from line 7a)	7c	2,025,70	_				2,305,288
	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amount	30	1		(b) Tot	
	Contributions received or receivable from:		(1)		11-		(5) . 51	
	1) Employers	. 8a(1)		0				
	2) Participants	8a(2)	186,4				6	
	3) Others (including rollovers)		1,6					
	Other income (loss)	8b	134,10	06				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						322,254
t	provide benefits)	. 8d	42,72	26				
	Certain deemed and/or corrective distributions (see instructions)			0				
	dministrative service providers (salaries, fees, commissions)	8f		0				
106	Other expenses	8g		0				
T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			t i			42,726
	let income (loss) (subtract line 8h from line 8c)	8i						279,528
Т	ransfers to (from) the plan (see instructions)	8j		0				
	t IV Plan Characteristics the plan provides pension benefits, enter the applicable pension fe							
Par	t V Compliance Questions							
))					N #100000	New I		
	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within the	time period described in		Yes	No	Ai	nount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correction	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not inclu	de transactions reported	404		х		
c	on line 10a.)			100	7.5	^		200.0
	Did the plan have a loss, whether or not reimbursed by the plan's			10c	х			200,0
4	or dishonesty?	bona, tr	iat was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons by	an insurance carrier,	010000				
	insurance service, or other organization that provides some or all	of the benefits	under the plan? (See					
	instructions.)			220				
				10e		х		
	Has the plan failed to provide any benefit when due under the plan			10e 10f		x		
•	Did the plan have any participant loans? (If "Yes," enter amount as	1?			x			21,0
f g n		n?s of year end.) See instruction	s and 29 CFR	10f	x			21,0
f g n	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	n?s of year end.) See instruction e required not	ns and 29 CFR	10f 10g 10h	x	x		21,0
f g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	n?s of year end.) See instruction e required not	ns and 29 CFR	10f 10g	x	x		21,0
f g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	s of year end.) See instruction e required not -3 ents? (If "Yes,"	is and 29 CFR ice or one of the	10f 10g 10h 10i	chedu	x x le SB (
f g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	n?s of year end.) See instruction e required not -3	is and 29 CFR ice or one of the	10f 10g 10h 10i	chedu	x x le SB (21,0
f g h i	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	n?s of year end.) See instruction e required not -3ents? (If "Yes,"	is and 29 CFR ice or one of the 'see instructions and completes B (Form 5500) line 39	10f 10g 10h 10i ete Se	chedu	x x le SB (
f g h i art 1	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to minimum for current ye	s of year end.) See instruction e required not -3 ents? (If "Yes,"	see instructions and complete (Form 5500) line 39	10f 10g 10h 10i ete Secti	chedu 	x x le SB (RISA?	Yes X

. .

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If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b En	ter the minimum required contribution for this plan year	12b		
c En	ter the amount contributed by the employer to the plan for this plan year	12c		
d Su	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d		
	the minimum funding amount reported on line 12d be met by the funding deadline?	\ \ \ Ye	es 🗆 No 🗆 N/A	
Part VII				
13а на	s a resolution to terminate the plan been adopted in any plan year?	Yes	X No	
	Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co he PBGC?	ontrol	Yes X No	
C If d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to ch assets or liabilities were transferred. (See instructions.)		10 100	
13c() Name of plan(s):	c(2) EIN(s)	13c(3) PN(s)	
Part VII	Trust Information (optional)			
14a Nam	(or handbook)	14b Trust's EIN		