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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	art I	Annual Repor	t Ide	entification Information				•		
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α -	This retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
						final return/report				
_						year return/report (less than 12 mor	nths)			
C	C Check box if filing under:					extension	DFVC progra	ım		
•	Check b	oox ii iiiing under:				, exterision	☐ Di ve piogra	,111		
-	special extension (enter description)									
	rt II		orm	ation—enter all requested inform	ation		46	T 1 11 12		
	Name o		C 404	K PROFIT SHARING PLAN			10	Three-digit plan number		
ADVA	ANCED	INFORMATICS, LL	C 40	R PROFIT SHARING PLAN				(PN)	001	
							1c	Effective date o	f plan	
								01/01/2		
				ss (employer, if for single-employer	plan)		2b	Employer Identi		er
ADVA	ANCED	INFORMATICS, LLC	С				20	(EIN) 41-192		
ONE	ΜΔΙΝΙ 9	STREET SE, SUITE	100				20	Plan sponsor's t		nber
		IS, MN 55414-1002					2d	Business code (ns)
								518210		
		dministrator's name a INFORMATICS, LLC		ddress (if same as Plan sponsor, e		e") E, SUITE 100	3b Administrator's EIN			
ADVA	ANCED	INFORMATICS, LLI	C	MINNEAPOL			41-1920046 3c Administrator's telephone number			
							612-253-0130			
				sponsor has changed since the las		port filed for this plan, enter the	4b EIN			
1	name, E	EIN, and the plan nur	nber	from the last return/report. Sponso	r's name		4c PN			
52	52. Total number of posticinants at the hasinning of the plan year							PN		4.4
_	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year						5a			44
				, ,			5b			49
C				n account balances as of the end of		ear (defined benefit plans do not	5c			28
6a	Were	all of the plan's asse	ts du	ring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
	Are yo	u claiming a waiver	of the	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)			- -
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Do	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									
_			IIIIa	lion						
7		ssets and Liabilities			_	(a) Beginning of Year	,	(b) End	of Year	1070
		lan assets			7a		-		42	1870
b	•			(P 7 -)	7b	00.4056			40	4070
<u> </u>				from line 7a)	7c	224352	<u>-</u>	4.1		1870
8		e, Expenses, and Tra outions received or re				(a) Amount		(b)	<u> Total</u>	
а				able 110111.	8a(1)	C)			
		• •				113932	932			
	(3) Others (including rollovers)									
b	Other i	income (loss)				83745	45			
С	Total in	ncome (add lines 8a	(1), 8	a(2), 8a(3), and 8b)	8c					7677
d		,	. ,	Illovers and insurance premiums						
					8d	159	9			
е	Certair	n deemed and/or cor	rectiv	re distributions (see instructions)	. 8e		4			
f	f Administrative service providers (salaries, fees, commissions)									
g	Other 6	expenses			. 8g					
h	Total e	expenses (add lines	8d, 8	e, 8f, and 8g)	8h					159
i	Net inc	come (loss) (subtract	line	8h from line 8c)	. 8i				19	7518
j	Transfe	ers to (from) the plar	n (see	instructions)	8j					

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions

art	V Compliance Questions								
0	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				100	140		Amount	
	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? (on line 10a.)		·	l0b		X			
С	Was the plan covered by a fidelity bond?			l0c	X				195000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	•	,	l0d		X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits under the	plan? (See	I0e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	-	l0g		Χ			
_	If this is an individual account plan, was there a blackout period? (Se			log		.,			
	2520.101-3.)		<u>1</u>	l0h		X			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	s No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf y	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule N					Day_		1 Cai	
_	Enter the minimum required contribution for this plan year								
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).								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior vear	?					Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a		L-d	
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								
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	olan(s), identify the	plan	(s) to				
13c(1) Name of plan(s):					130	(2) EIN	N(s)	13c(3) PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed u	nless reasonable	caus	se is o	establi	shed.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.								
SICA	Filed with authorized/valid electronic signature.	09/28/2010	QUINN MONTGON	/IERY	′				
SIGN HERE Signature of plan administrator Date Finter name of individual signing as plan administrator									

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury internal Revenues tierrace

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0059

2009

This Form is Open to Public Inspection

Per	sion Benefit Guaranty Corporation	> Complete all entries in accord	ance with th	ne instructions to the Form 5500	-SF.		
Par	t I Annual Report Id	dentification Information				1070170000	
Force	alendar plan year 2009 or fisc	al plan year beginning	11/01/20			12/31/2009	
A T	nis return/report is for.		multiple-employer plan (not multiemployer) one-participant plan				
ВП	ns return/report is for		final return/r		.aha\		
		an amended return/report		ear return/report (less than 12 mor	1015)	7	
Со	heck box if filing under	X Form 5558	automatic ex	dension	į	DFVC progra	n
	•	special extension (enter description	n)				
Par	+ II Rasic Plan Infor	mation—enter all requested informa	ation				
	lame of plan					Three-digit	
7	ADVANCED INFORMATI	CS, LLC 401K PROFIT SH	ARING P	.AN		plan number (PN)	001
						Effective date of	
					10	01/01/200	
		46	ntoni		2b	Employer Identif	
2a £	Plan sponsor's name and add ADVANCED INFORMATI	ress (employer, if for single-employer	pian)			(EIN) 41-192	
					2c		elephone number
-	ONE MAIN STREET SE	E, SUITE 100				612-253-0	
		MN 55414-1002			20	Business code (518210	see instructions)
	MINNEAPOLIS	* ***	atar "Carra"		3b	Administrator's	EIN
3a i	Plan administrator's name and ADVANCED INFORMAT	d address (if same as Plan spensor, el LCS , LLC	nter Same)			41-192004	
					3с		elephone number
	ONE MAIN STREET SE MINNEAPOLIS	MN 57414-199				612-253-0	130
A 15	the name and/or FIN of the p	ian sponsor has changed since the las	st return/repo	ort filed for this plan, enter the	4b	EiN	
n	ame, EIN, and the plan numb	er from the last return/report. Sponso	r's name		4c	PN	
	*	at the beginning of the plan year			5a		44
5a	Total number of participants	at the beginning of the plan year			5b		49
b	Total number of participants:	at the end of the plan year		and the second second second	20		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do							28
******************	C Total number of participants with account behaviors as of the Green Structures (See instructions) Yes No						
6a	Were all of the plan's assets during the plan year invested in eligible assets: (Ose individually)						
D		I /See instructions on waiver eligibility	and condition	35.}		*****	X Yes No
	If you answered "No" to eit	ther 6a or 6b, the plan cannot use F	orm 5500-SI	F and must instead use Form 55	00.		
Pa	rt III Financial Inform	nation					
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	of Year
а	Total plan assets		. 7a	22435	}		421870
				11.11.11.11.11.11.11.11.11.11.11.11.11.	0		
		27b from line 7a)		22435	3		421870
8	Income, Expenses, and Tran			(a) Amount		(p)	Total
	Contributions received or rec				0		
_	(1) Employers		8a(1)	2/202			
	(2) Participants		8a(2)	11393	2		
	(3) Others (including rollove	rs)	8a(3)		_		·
b				8374	- 1		
), 8a(2), 8a(3), and 8b)					197677
d	Benefits paid (including direct	ct rollovers and insurance premiums	-	1.5	; a		
	to provide benefits)	en e	. 8d	A. C.	4		
е		ective distributions (see instructions)	8e				
f	Administrative service provide	ders (salaries, fees, commissions)	8f	Annual Control of the Control of the Annual Control of the Control			
g	Other expenses		8g	A CONTRACT OF THE PROPERTY OF		Annual and the second s	159
h	Total expenses (add lines 8)	d. 8e. 8f. and 8g)	8h	and the second s			
i	Net income (loss) (subtract		. 8i				197518
		(con instructions)			1		

	Form 5500-SF 2009 Page 2-					
0.5	Plan Characteristics plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $2\mathrm{G}-2\mathrm{J}$					
·	plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Char	acteris	tic Cod	les m t	the instructions.	
	Compliance Questions		Yes	No	Amount	PROPERTY AND ADDRESS AND ADDRE
Was	ng the plan year: There a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	100		Х	•	
• Wer	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		Х		
	s the plan covered by a fidelity bond?	10c	Х			1950

Part V Compliance Questions During the plan year: a. Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction f b . Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)..... C Was the plan covered by a fidelity bond?..... $oldsymbol{d}$ Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X or dishonesty? 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 Х 10e instructions.) f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Χ 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) 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..... 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 Yes No Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 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..... 12c c Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) N/A No e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... If "Yes," enter the amount of any plan assets that reverted to the employer this year..... b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?.... 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): 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, corfect, and complete.

Part IV

	111/11/14	9/28/10	QUINN MONTGOMERY
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	A la la la	9/23/10	QUIN MONTGOMERY
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor