## 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).

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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 550	)0-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
A	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 n	nonths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pa	Irt II Basic Plan Information—enter all requested information	ation			
1a	Name of plan			1b	Three-digit
ADV	ANCED INFORMATICS, LLC 401K PROFIT SHARING PLAN				plan number
					(PN) 001
				1C	Effective date of plan 01/01/2005
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number
ADV	ANCED INFORMATICS, LLC				(EIN) 41-1920046
				2c	Sponsor's telephone number
	ECOND STREET NE SUITE 300			L.	612-253-0130
MINN	IEAPOLIS, MN 55413			2d	Business code (see instructions)
32	Dian administrator's name and address (if same as plan apparer or	otor "Como	,"\	3h	518210 Administrator's EIN
		STREET N	NÉ SUITE 300	30	41-1920046
	MINNEAPOLI	IS, MN 554	413	3c	Administrator's telephone number 612-253-0130
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report.				
	Sponsor's name			4c 5a	
5a	Total number of participants at the beginning of the plan year				60
b	Total number of participants at the end of the plan year			5b	68
С	Number of participants with account balances as of the end of the p complete this item)			5c	3:
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	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		*		Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	000.	
Pa	rt III   Financial Information				
′	Plan Assets and Liabilities	_	(a) Beginning of Year 594924		(b) End of Year 681158
a	Total plan assets		304324		301100
b C	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c	594924		681158
8	Income, Expenses, and Transfers for this Plan Year	, ,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
_	(1) Employers	8a(1)			
	(2) Participants	8a(2)	121794		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-26185		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			95609
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9375		
е	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			9375
i	Net income (loss) (subtract line 8h from line 8c)				86234
j	Transfers to (from) the plan (see instructions)				
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Part IV	Plan	Characteri	ietice
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	V Compliance Questions							
	During the plan year:		Yes	No		Am	ount	
а	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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					19500
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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.)	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 end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i						
art '	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					 Г	Yes	□ N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						.,	$\vdash$
		e or se	ction 3	302 of I	ERISA?	٠	Yes	X N
	, , , , , , , , , , , , , , , , , , , ,	e or se	ction 3	802 of I	ERISA?	' <u> </u>	Yes	× N
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	ctions,	and e	nter th	e date	of the le	tter rul	ப ing
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter th	e date	of the le	tter rul	ப ing
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	nter th	e date	of the le	tter rul	ப ing
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	nter th Day	e date	of the le	tter rul	ப ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou 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.	octions,	and e	nter th Day	e date	of the le	tter rul	ப ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le	tter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le	etter rul	
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a  If y b c d  e art '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
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a  If y b c d e art '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date	of the le Yea	etter rul	ing
a  If y b c d e art ' 3a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	Yes X	of the le Yea	etter rul	ing
a  If y b c d e art ' 3a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes X	of the le Yea	No Yes	ing

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/12/2012	QUINN MONTGOMERY
HERE 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

## 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

2011

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2011 or fi		01/01/	2011 and ending		12/31/2011
Α	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final r	eturn/report		
	<i>₹</i>	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
C	Check box if filing under:	Form 5558	i	extension		DFVC program
	oneon box ir illing under:	special extension (enter description	D:	o Alexandra		_ St to brogram
D	art II Basic Plan Info	rmation—enter all requested inform				
	Name of plan	iniation—enter all requested inform	lation		1h	Three-digit
		S, LLC 401K PROFIT SHAR	ING PL	AN	10	plan number
		es • No decimals, Wilson and Jamas decimal series of the trans-				(PN) • 001
						Effective date of plan
						01/01/2005
2a	Plan sponsor's name and ad VANCED INFORMATICS	dress; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identification Number
TIL	VANCED INTOMATICA	5, HIC			0-	(EIN) 41-1920046
10	SECOND STREET NE	SUITE 300			2C	Sponsor's telephone number
					2d	612-253-0130 Business code (see instructions)
MI	NNEAPOLIS	MN 55413				518210
3a	Plan administrator's name ar	nd address (if same as plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
AL	VANCED INFORMATICS	S, LLC				41-1920046
	SECOND STREET NE				3c	Administrator's telephone number 612-253-0130
4	NNEAPOLIS	MN 55413 e plan sponsor has changed since the	laet return/	report filed for this plan, enter the	4h	EIN
-		mber from the last return/report.	iasi returri	report lifed for this plan, enter the	40	EIN
a	Sponsor's name				4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	60
b	Total number of participants	at the end of the plan year			5b	68
С	Number of participants with a complete this item)	account balances as of the end of the	olan year (	defined benefit plans do not	5c	31
6a		during the plan year invested in eligib				X Yes No
b	Are you claiming a waiver of	the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)	
		(See instructions on waiver eligibility				X Yes No
Pa	rt III Financial Inforr	ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	10.	Water Balling and State Control of the Control of t
7		iiatioii		() 5	T	
-	Plan Assets and Liabilities			(a) Beginning of Year 59492	1	(b) End of Year 681158
a b	**			59492	4	881138
0		e 7b from line 7a)	7b 7c	59492	1	681158
8		CONTRACTOR AND ADDRESS OF THE WORLD	76		4	
a	Income, Expenses, and Tran Contributions received or rec			(a) Amount		(b) Total
u			8a(1)	,1		
	(2) Participants		8a(2)	12179	4	
	(3) Others (including rollove	rs)	8a(3)			
b	Other income (loss)		8b	-2618	5	
C	Total income (add lines 8a(1	), 8a(2), 8a(3), and 8b)	8c			95609
d		et rollovers and insurance premiums	8d	937	5	
е		ective distributions (see instructions)	. 8e			Anna Carlotte Carlott
f		lers (salaries, fees, commissions)	8f	G.		
g	2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8g			
h	₩.	I, 8e, 8f, and 8g)				9375
i		ne 8h from line 8c)				86234
-		(see instructions)				
j	ransfers to (from) the plan (	see mstructions)	8i		STATE OF	

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SIGN HERE

Signature of employer/plan sponsor

Part IV	Diam	Chama	A
Partiv	Plan	L.narac	TARISTICS

- 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:

Part	V Compliance Questions				man the selection of th	.comminum	-
10	During the plan year:		Yes	No	Τ		
	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)	10a	165	X	,	Amount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
C	Was the plan covered by a fidelity bond?	10c	Х			1	95000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	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.)	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i					
Part '	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp5500))	plete (	Sched	ule SE	3 (Form	Yes	No
a If y b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	h	 [	nter th Day 12b 12c	ne date of th	e letter rul ⁄ear	ing
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		L	12d		. F	7 2222
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part '							
	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						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol 		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to				
1:	c(1) Name of plan(s):		130	(2) EI	N(s)	13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true correct, and complete.	rn/rep eport,	ort, ind and to	cluding the b	g, if applicab best of my ki	ile, a Sche nowledge	edule and
SIGN	1/1/12 QUINN MONTO	OME	RY				
HERE	Signature of plan administrator Date Enter name of in-	dividu	al sign	ing as	s plan admin	istrator	

Date

QUIN MONTGOMERY

Enter name of individual signing as employer or plan sponsor