Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Possion Report 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

г	ension be	ment Guaranty Corporation	 Complete all entries in acc 	ordance with the instru	uctions to the Form 5500	0-SF.		•		
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	.012	and ending 1	2/31/2	2012			
Α .	This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	plan (not multiemployer)		a one-partici	pant plan		
В .	B This 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 mg	onths))			
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am		
		· ·	special extension (enter descrip	ption)			_			
Pa	art II	Basic Plan Info	rmation—enter all requested info	rmation						
	Name					1b	Three-digit			
	THE FINOVATE GROUP, INC. 401(K) PLAN						plan number			
							(PN) •	001		
						1c	Effective date o			
22	Dianar	annor's name and ad-	draga, include room or quite number	- (ampleyer if for a single	a amplayar plan)	26	07/01			
THE	FINOV/	ATE GROUP, INC.	dress; include room or suite number	employer, it for a single	e-employer plan)	20	Employer Identi (EIN) 27-45	568983		
						2c	Sponsor's telep			
		RSITY WAY NE SUIT VA 98105	E 1002			24	206-51			
OL7 (77.00100				2 0	56190	(see instructions)		
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN		
						3c	Administrator's	telephone number		
4			e plan sponsor has changed since th	ne last return/report filed	for this plan, enter the	4b	EIN			
9		EIN, and the plan nur or's name	mber from the last return/report.			4c PN				
			at the beginning of the plan year			5a		9		
b			at the end of the plan year							
			account balances as of the end of th			5b	_	12		
С		· · ·			•	5с		9		
6a	Were	all of the plan's assets	s during the plan year invested in eli	gible assets? (See instru	ctions.)			X Yes No		
b		·	f the annual examination and report	•	•					
			? (See instructions on waiver eligibili					X Yes No		
	If you	answered "No" to ei	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.			
			or incomplete filing of this return/							
			her penalties set forth in the instructi							
		rue, correct, and comp	nd signed by an enrolled actuary, as plete.	well as the electronic ve	ersion of this return/report	, and	to the best of my	knowledge and		
	·	<u> </u>			<u> </u>					
SIG		Filed with authorized/	valid electronic signature.	07/29/2013	ERIC MATTSON					
ПЕГ	\L	Signature of plan a	dministrator	Date	Enter name of individu	dividual signing as plan administrator				
SIG										
HEF	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual signing as employer or plan spon					
Pre	parer's	name (including firm n	name, if applicable) and address; inc	lude room or suite numb				number (optional)		
					-					

Form 5500-SF 2012 Page **2**

Por	t III Financial Information						
Pai			(a) Beginning of Ves		1		(h) End of Voor
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Year
	Total plan assets				-		155368
		7b 7c	4750	22			455260
	Net plan assets (subtract line 7b from line 7a)	76		47582			155368
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
a	(1) Employers	8a(1)	3318	7			
	(2) Participants	8a(2)	6513				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	1240)2			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					110727
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	215	i9			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	78	2			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2941
i	Net income (loss) (subtract line 8h from line 8c)	8i					107786
j	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	<u> </u>					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount
b		? (Do not	include transactions reported	10b		X	
	Was the plan covered by a fidelity bond?				X		500000
				10c			500000
d	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 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				Х		
				10f		X	
g h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h			
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	165 7 140
12	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 line 12a or lines 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						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
b	Enter the minimum required contribution for this plan year					12b	
							· · · · · · · · · · · · · · · · · · ·

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes 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?	control		Yes X No
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	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension 8	enefit Guaranty Corporation	Complete all entries in accordance	ordance with the instru	ctions to the Form 550	0-SF.			
Part I		entification information				### 1997 1997 1997 1997 1997 1997 1997 1		
For calend	ar plan year 2012 or fisca		01/01/2012	and ending	12/31/	Valence .		
A This ret	turn/report is for:	a single-employer plan	2000	dan (not multiemplayer)	a one-p	articipant plan		
B This ref	tum/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	im/report (less than 12 n	months)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program			
**********	The state of the s	special extension (enter descrip	tion)		••••			
Part II	Basic Plan Inform	nation—enter all requested infon						
1a Name	N. W. C.	And the second s	gas gan displacement of the second of the se	ACTION CONTRACTOR AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION A	1b Three-digit	1		
	•	Inc. 401(k) Plan			plan number (PN) > 001			
Fo	- -				1c Effective date of plan			
						ne or prær 2011		
2a Plans	nonens's name and addit	ess; include room or suite number	/employer, if for a single	-employer plan)	·	fentification Number		
	ponsors name and addre Finovate Group,		Fritzkan Lant in inn in in 25	Section of the Sectio	(EIN) 27-4568983			
70	•	W * F			2c Sponsor's telephone number			
					S CONTRACTOR CONTRACTO	17-5021		
4739	University Way	NE Suite 1002			1	nde (see instructions)		
Seat	tle	Name of the second seco		98105	561900	ensistentimodeliiliittii Tiirioonono		
3a Plan a	dministrator's name and a	address 🏻 Same as Plan Sponsor	r Name 🏻 Same as Plan	Sponsor Address	3b Administrat	or's EIN		
					3c Administrator's telephone number			
			Δ.		SP No. F every	eell oor weerings		
			and the second s					
4 If the r	name and/or EIN of the pl	lan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b Ein			
	, EIN, and the plan numb or's name	er from the last return/report.			4c PN			
		the beginning of the plan year		**************************************	5a	9		
	, ,	the end of the plan year			5b	12		
		count balances as of the end of the				****		
C Numb compl	er of participants with acc lete this item)	COOR Dalances as or the east or the	a hacu keen femanasan san	518 busines and	5c	9		
6a Were	all of the plan's assets de	uring the plan year invested in elig	jible assets? (See instruc	ctions.)	**************	X Yes No		
h Areas	nu claiming a waiver of the	e ancual examination and recort o	af an independent qualific	ed public accountant (IQ	(PA)			
under	29 CFR 2520,104-46? (\$	See instructions on waiver eligibilit	y and conditions.)			" Rie Cim		
		er line 6a or line 6b, the plan car				3		
Caution: A	penalty for the late or i	incomplete filing of this return/r	eport will be assessed	unless reasonable cau	use is established	i. Ji-able e Schedule		
Under pena	alties of perjury and other	penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that i mave well as the electronic vel	examined this return/report	pon, monong, n 🛶 t, and to the best o	f my knowledge and		
belief, it is t	true, correct, and complet	le.	11 Mars Andre annual			•		
***************************************			7/25/13	Eric Mattson		OSMONO PIECO		
SIGN HERE	Zacma							
I Ikul Xxx	Signature of plan adm	hinistrator	Date		idual signing as plan administrator			
SIGN	Encur		7/25/13	Fil Matts				
HERE	Signature of employer	r/plan sponsor	Date		ter name of individual signing as employer or pla			
Preparer's	name (including firm nam	ne, if applicable) and address; inclu	ude room or suite numbe	ir (optional)	Preparer's telepr	ione number (optional)		

Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
	Total plan assets	7a		7,58	2			15	5,368
-	Total plan liabilities	7b							
***************************************	Net plan assets (subtract line 7b from line 7a)	7c	4.	7,58	12	and the same of th	155,3		
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount					(** 3,3,4,)	(b) T	otal	
	Contributions received or receivable from:			-		***************************************			
	(1) Employers	8a(1)	**************************************	3,16		***************************************	· · · · · · · · · · · · · · · · · · ·		
	(2) Participants								
	(3) Others (including rollovers)							×44	
<u>b</u>	Other income (loss)	d8	1:	2,40	2		***************************************		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		,	_			11	0,727
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,15	9				
_ e	Certain deemed and/or corrective distributions (see instructions)	8e	Company of the Compan		╬				
f	Administrative service providers (salaries, fees, commissions)	8f	A CONTRACTOR CONTRACTO	78	12				
g	Other expenses	8g							0 047
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,941
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	www.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guvy.com.guv	**********	_			10	7,786
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					· · · · · · · · · · · · · · · · · · ·		. .
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension: 2E 2F 2G 2J 2T 3D			w. u					Transporter W
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	les in l	lhe instructi	ons:	
Par	V Compliance Questions							3,532,633,633	
10							I	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 Fiduciary Correction Program)					Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х			
	Was the plan covered by a fidelity bond?			10c	х			5(00,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bar	nd, that was caused by fraud	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,			PROBLEM BOARD			
*	 insurance service or other organization that provides some or all of 	of the benefits under the plan? (See				х			
	instructions.)			10e				····	·
	Has the plan failed to provide any benefit when due under the plan		/ Vannesseemings-07-07-0	101		X			
	Did the plan have any participant loans? (if "Yes," enter amount as			10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	10h		Х			
Ĭ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	f natice or one of the	10i					
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SI	3 (Form	Yes	X No
11a	Enter the amount from Schedule SB line 39				i	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						X No		
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tions, th	and e	enter tê Day	ne date of th	ie letter ru Year	ling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.		r		I		
b	Enter the minimum required contribution for this plan year	***************************************	3-43-1-43-1-20-1-1-6-2-2-1-1-2-2-2-2-1-1-2-2-2-2-2-2-2			12b			_

	Form 5500-SF 2012	Page 3 -	din adalah di kalandari kanan sa magan jaman y				
С	Enter the amount contributed by the employer to the plan for this	s plan year	elierfelevirensiya.	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Ent negative amount).	er the result (enter a minus sign to the	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met b				Yes	No	N/A
Part							more and the second
-	Has a resolution to terminate the plan been adopted in any plan year	A 211227792211111211111111111111111111111	*****************		Yes X 1	ło	
	if "Yes," enter the amount of any plan assets that reverted to the			13a			
b						[] Ye	s X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), ident	ify the plan(s)	to	100 No.		
1	3c(1) Name of plan(s):		1	13c(2) ElN(s)			(3) PN(s)
	VIII Trust Information (optional)			14b T	rust's EIN		