Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LENDERLIVE NETWORK, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

LENDERLIVE NETWORK, INC.

C/O RPS PLAN ADMINISTRATORS
7100 E BELLEVIEW AVE STE 300
GREENWOOD VILLAGE, CO 80111

2b Employer Identification Number (EIN)
62-1796508

2c Sponsor's telephone number
303-226-8124

2d Business code (see instructions)
522300

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2013	RICHARD HOLSCLAW
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

LENDERLIVE NETWORK, INC.

710 SOUTH ASH STREET SUITE 200
GLENDALE, CO 80246

3b Administrator's EIN: 62-1796508

3c Administrator's telephone number: 303-433-3200

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	503
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	649
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	102
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	751
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	751
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	453
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	81
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
3D 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☐		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
LENDERLIVE NETWORK, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LENDERLIVE NETWORK, INC.

D Employer Identification Number (EIN)
62-1796508

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	N/A	14013	Yes [X] No [ ]	Yes [ ] No [X]	14742	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

RETIREMENT PLANNING SERVICES, INC.

7100 E. BELLEVIEW AVE, STE. 300
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	N/A	5067	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: EHRHARDT,KEEFE,STEINER,& HOTTMAN PC

b EIN: 84-0869721

c Position: ACCOUNTANT

d Address: 7979 E TUFTS AVE, SUITE 400
DENVER, CO 80237

e Telephone: 303-740-9400

Explanation: EFFECTIVE 1/1/13, THE PLAN'S ACCOUNTING FIRM (FORMERLY EHRARDT, KEEFE, STEINER, & HOTTMAN PC) CHANGED THEIR NAME (NOW EKS&H LLLP), EIN (FORMERLY 84-0869721), AND ENTITY STRUCTURE. NO OTHER CHANGES WERE MADE WITHIN THE FIRM. THE FIRM IS STILL ENGAGED.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
LENDERLIVE NETWORK, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LENDERLIVE NETWORK, INC.

D Employer Identification Number (EIN)
62-1796508

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	19011
(2) Participant contributions	1b(2)	564	58298
(3) Other	1b(3)	2	97
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	46426	71556
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1763961	3939403
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1810953	4088365
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1810953	4088365

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	202735	
(B) Participants	2a(1)(B)	1000629	
(C) Others (including rollovers)	2a(1)(C)	859641	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2063005
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1754	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1754
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		360843
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2425602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129110	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		129110
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5067	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	14013	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		148190
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2277412
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EKS&H LLLP **(2)** EIN: 46-1497033

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
LENDERLIVE NETWORK, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LENDERLIVE NETWORK, INC.

D Employer Identification Number (EIN)
62-1796508

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LENDERLIVE NETWORK, INC. 401(K) PLAN

Financial Statements
and
Independent Auditors' Report
December 31, 2012 and 2011

EKS&H
AUDIT | TAX | CONSULTING

LENDERLIVE NETWORK, INC. 401(K) PLAN

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EKS&H
AUDIT | TAX | CONSULTING

7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2521
P: 303-740-9400
F: 303-740-9009
www.EKSH.com

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
LenderLive Network, Inc. 401(k) Plan
Glendale, Colorado

REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of LenderLive Network, Inc. 401(k) Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

BASIS FOR DISCLAIMER OF OPINION

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Nationwide, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodian is complete and accurate.

DISCLAIMER OF OPINION

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

OTHER MATTERS

The supplemental schedule as of December 31, 2012, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

EKS&H LLLP

EKS&H LLLP

October 3, 2013
Denver, Colorado

LENDERLIVE NETWORK, INC. 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2012	2011
Assets		
Investments, at fair value		
Mutual funds	$ 3,939,403	$ 1,763,961
Total investments, at fair value	3,939,403	1,763,961
Receivables		
Participant loans	71,556	46,426
Participant contributions	58,298	564
Employer contributions	19,011	-
Accrued interest	97	2
Total receivables	148,962	46,992
Net assets available for benefits	$ 4,088,365	$ 1,810,953

See notes to financial statements.

LENDERLIVE NETWORK, INC. 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2012

Investment income	
Net realized/unrealized appreciation in fair value of investments	$ 360,843
Interest and dividend income	1,754
Total investment income	362,597
Contributions	
Participant	923,170
Participant Roth	77,459
Employer	202,735
Rollover	859,641
Total contributions	2,063,005
Deductions from net assets	
Benefits paid to participants	(129,110)
Administrative fees	(19,080)
Total deductions from net assets	(148,190)
Net increase	2,277,412
Net assets available for benefits	
Beginning of year	1,810,953
End of year	$ 4,088,365

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of LenderLive Network, Inc. 401(k) Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established January 1, 2000 and subsequently restated in 2002 and 2010. The Plan is available to employees age 21 years or older who have completed one hour of service. Once eligible, employees may enter the Plan on the first day of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Board of Directors of LenderLive Network, Inc. (the "Company") administers the Plan. Nationwide Life Insurance Company ("Nationwide") serves as custodian and manages the Plan's investments. Nationwide offers Plan participants a variety of investment options. Individual accounts are invested in the various investment options at the direction of the participants. Retirement Plan Solutions maintains the Plan's records.

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting.

Contributions

Participants may make before-tax contributions up to 100% of their annual compensation, which are subject to annual limitations by the IRS. Additional catch-up contributions are available to any participant who is age 50 or older and has made the maximum contribution for the year. The Plan also permits rollover contributions from other qualified retirement plans. Employee contributions to the Plan are made through regular payroll deductions.

Effective November 1, 2010, employees were eligible to contribute on an after-tax basis, through payroll deductions, a percentage subject to an annual limit of the lesser of 100% of eligible compensation or the annual IRS limitations in a calendar year as Roth 401(k) contributions. All Roth contributions and earnings or losses thereon will be separately identified in the participant account balance records to facilitate compliance with the regulations prescribed for tax treatment of distributions. A participant's combined pre-tax and Roth 401(k) contributions cannot exceed the maximum annual amount allowed by law.

The Company may also elect to make a discretionary matching contribution to eligible participants, as determined on a yearly basis by the Company. The Company made discretionary matching contributions of 100% of the first 1% contributed totaling $202,735 for the year ended December 31, 2012.

The Company may also elect to make an additional discretionary non-elective contribution to eligible participants who are employed on the last day of the Plan year or who had at least 501 hours of service during the Plan year, as defined by the Plan, determined on a yearly basis by the Company. The Company did not make any discretionary non-elective contributions during the year ended December 31, 2012.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Participants' Accounts

Each participant's account is credited or charged with the participant's contribution, rollover contributions, and an allocation of the Company's contributions, administrative expenses, Plan earnings or losses, and forfeitures. Allocations are based upon Plan earnings or losses and account balances, as defined. The benefit to which a participant is entitled is the vested portion of the participant's account.

Vesting

Participants are 100% vested in their voluntary contributions, allocated earnings or losses thereon, and any qualified matching contributions.

Any discretionary employer contributions (including forfeitures) and the earnings or losses thereon not fully vested when contributed will vest as follows:

Years of Service	Vested Interest
Less than 1 year	0%
1	20%
2	40%
3	60%
4	80%
5	100%

A participant's account becomes 100% vested upon death, attaining normal retirement age (age 65), retirement due to disability, or if the Plan is terminated.

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances and may have one loan outstanding at a time. The loans are secured by the participants' accounts and bear interest at the prevailing interest rate at the date of loan origination, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Participant loans are recorded in the financial statements at amortized cost plus accrued interest. Principal and interest are paid ratably through regular payroll deductions over a period not exceeding five years, except loans used to acquire real estate that serves as the participant's primary residence, which may be paid over thirty years. All loans outstanding at December 31, 2012 had interest rates of 3.25% and maturity dates through December 2026.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Payment of Benefits

Upon death, disability, retirement, or termination of service, a participant may elect to receive a lump-sum payment in the amount equal to the participant's vested account balance within a reasonable period of time after termination of employment. Vested account balances less than $5,000 will be automatically distributed upon termination. For terminated participants with vested balances greater than $5,000, if an election to distribute benefits is not made within 30 days following their termination date, their vested balance will be rolled into an individual retirement account. Participants may not make withdrawals from their accounts prior to retirement at age 65 without incurring penalties, except in the event of disability, death, or termination of employment, subject to certain restrictions. Participants may also make certain voluntary in-service withdrawals for amounts not to exceed the balance in their elective deferrals, subject to certain penalties, to satisfy one of the immediate and heavy financial needs as described in the Plan document. Benefits are recorded as distributions to participants when paid.

Participant Termination and Forfeitures

If at the time of termination of employment the participant is not 100% vested, the non-vested portion ("forfeitures") of the participant's account may be placed in a separate account and may be used to offset Plan expenses or future employer contributions. Forfeitures shall be allocated to participants in the same manner as the employer's discretionary contribution. The Plan had forfeitures of $5,854 at December 31, 2012.

Valuation of Investments and Income Recognition

Investments in mutual funds are recorded at fair value as reported to the Plan by the custodian, which is determined based on the last quoted price on the open market. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants and the measurement date. See Note 3 for discussion on fair value measurement.

The net realized and unrealized investment gain or loss (net appreciation or depreciation in market value of investments) is reflected in the accompanying statement of changes in net assets available for benefits and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan provides for various investments in mutual funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments held by Nationwide are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

Subsequent Events

The Plan has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available to be issued. There were no material transactions which required recognition or additional disclosure in the financial statements.

Note 2 - Assets Certified by Nationwide

Nationwide has certified in writing to the Plan administrator that the stated amounts for investments at fair value and participant loans at amortized cost as of December 31, 2012 and 2011 and the income earned thereon for the year ended December 31, 2012, as reflected in the accompanying financial statements and supplemental schedule of assets (held at end of year), are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the information certified by Nationwide, except for comparing the information contained therein to information included in the financial statements and the supplemental schedule of assets (held at end of year).

Note 2 - Assets Certified by Nationwide (continued)

The fair value of investments greater than 5% of net assets available for benefits was as follows:

	December 31,				
	2012			2011	
Alger Capital Appreciation Inst I Fund	$ 416,312		$	39,458	*
Nationwide Money Market Fund	$ 383,351		$	228,783	
Columbia Dividend Opportunity Fund	$ 295,293		$	-	*
Nationwide Destination 2025 R2	$ 249,126		$	25,267	*
MainStay Epoch Global Equity Yield	$ 246,725		$	632	*
Ridgeworth Mid Cap Value Equity I	$ 240,037		$	54,845	*
PIMCO Total Return Fund	$ 212,416		$	119,715	
Nationwide Destination 2020 R2	$ 184,330	*	$	128,037	
Nationwide Destination 2030 R2	$ 171,912	*	$	99,354	
Janus Advisor Forty Fund	$ -	*	$	240,461	
Oakmark Global Fund II	$ -	*	$	141,967	

* Indicates investments less than 5% of net assets available for benefits at respective date.

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States of America require disclosure about how fair value is determined and establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 3 - Fair Value Accounting (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2012 and 2011. The following assets are measured at fair value on a recurring basis.

Assets at fair value as of December 31, 2012 are as follows:

Description	Level 1	Level 2	Level 3	Total
Mutual funds				
Balanced	$ -	$ 1,168,689	$ -	$ 1,168,689
Large-cap	-	892,627	-	892,627
Bond	-	517,756	-	517,756
International	-	456,113	-	456,113
Cash	-	383,351	-	383,351
Mid-cap	-	288,100	-	288,100
Small-cap	-	134,208	-	134,208
Specialty	-	98,559	-	98,559
Total	$ -	$ 3,939,403	$ -	$ 3,939,403

Assets at fair value as of December 31, 2011 are as follows:

Description	Level 1	Level 2	Level 3	Total
Mutual funds				
Large-cap	$ -	$ 476,212	$ -	$ 476,212
Balanced	-	347,007	-	347,007
Bond	-	234,959	-	234,959
International	-	233,135	-	233,135
Cash	-	228,783	-	228,783
Mid-cap	-	161,754	-	161,754
Small-cap	-	55,847	-	55,847
Specialty	-	26,264	-	26,264
Total	$ -	$ 1,763,961	$ -	$ 1,763,961

There were no changes to the valuation techniques used during the period. Mutual funds are valued at fair value based on quoted market prices. The Plan's management reaffirms its understanding of the valuation techniques used by its pricing services at least annually.

Note 4 - Income Taxes

On March 31, 2008, the IRS issued an opinion letter indicating that the prototype plan document adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code ("IRC"). The Plan has not received an opinion letter specific to the Plan itself and has since been amended; however, the Plan administrator believes that the Plan is designed and is being operated in accordance with the applicable rules and regulations and is, therefore, exempt from federal income taxes under the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Note 5 - Administration of the Plan

The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or his or her beneficiary.

Note 7 - Party-in-Interest

Certain Plan investments are mutual funds managed by Nationwide. Nationwide is the Plan's custodian; therefore, these transactions qualify as party-in-interest. These transactions are exempt from the prohibited transaction rules. In addition, the Plan provides for participant loans, which are also party-in-interest transactions that are exempt from the prohibited transaction rules.

SUPPLEMENTAL SCHEDULE

LENDERLIVE NETWORK, INC. 401(K) PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2012

Employer Identification Number - 62-1796508
Plan Number - 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(e) Current Value
	Mutual funds		
	Alger Capital	Appreciation Inst I Fund	$ 416,312
*	Nationwide	Money Market Fund	383,351
	Columbia	Dividend Opportunity Fund	295,293
*	Nationwide	Destination 2025 R2	249,126
	MainStay	Epoch Global Equity Yield	246,725
	Ridgeworth	Mid Cap Value Equity I	240,037
	PIMCO	Total Return Fund	212,416
	Principal	High Yield A	187,501
*	Nationwide	Destination 2020 R2	184,330
*	Nationwide	Destination 2030 R2	171,912
*	Nationwide	Destination 2045 R2	155,904
	Aberdeen	International Equity A	150,754
*	Nationwide	Destination 2040 R2	127,077
	American Funds	Fundamental Investment R3	110,044
	Heartland	Value Pls Inv	103,650
*	Nationwide	Destination 2010 R2	100,838
*	Nationwide	Destination 2035 R2	71,912
	Prudential	Jnisn Mid Cap Growth A	47,116
	Lord Abbott	Duration Income A	44,545
	DWS Scudder	Reef Real Estate Sec Fund	43,687
	Invesco	Van Kampen Growth Amm Frnchs A	42,468
	PIMCO	Real Return Inst Fund	35,549
	Oppenheimer	International Bond Fund	28,457
	Black Rock	Global Allocation Value	27,565
*	Nationwide	Destination 2050 R2	22,629
*	Nationwide	Government Bond Fund	21,116
*	Nationwide	Destination 2015 R2	20,968
	JP Morgan	Small Cap Equity A	18,110
	Oppenheimer	International Growth Fund	14,238
*	Nationwide	Investment Dest Cnsrv R2	14,236
	Wells Fargo	Emerging Market Equity A	13,733
*	Nationwide	Investment Destination Mod R2	13,731
	Oppenheimer	International Small Com	11,570
	American Funds	Euro Pacific Growth Fund	10,986
	Ivy	WR Ivy Scnc Tech Y	10,386
	Prudential	Jnisn Natrl Rarc A	7,995
*	Nationwide	Destination 2055 R2	6,215
	American Century	Inflation Adjustment Bond	4,560
*	Nationwide	S&P 500 Index	4,087
	PIMCO	Total Return Inst Fund	3,755

(Continued on the following page)

LENDERLIVE NETWORK, INC. 401(K) PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2012

(Continued from the previous page)

Employer Identification Number - 62-1796508
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(e) Current Value
	Aberdeen	Global Equity A	3,346
	Dreyfus	Strategic Value A	3,147
	JP Morgan	Value Opps A	3,099
	Neuberger Berman	Large Cap Disciplined Growth A	3,074
	American Century	Infl Protection Bond	3,060
	Sentinel	Small Co A	3,025
	Goldman Sachs	Large-Cap Value Fund	2,935
	Fidelity	Advisor Inflation Production Bond A	2,892
	DWS Scudder	Reef Global Real Estate Sec A	2,852
	Goldman Sachs	Small-Cap Value Fund	2,836
	Alliance Bernstein	Int'l Value Fund	2,652
	Oppenheimer	Main Street Small-Cap F	2,609
	Goldman Sachs	Strcd Large Cap Growth A	2,526
	American Century	Income Growth Fund	2,446
	American Century	Growth Fund	2,287
*	Nationwide	Investment Destination Aggregate R2	2,202
	Prudential	Jnisn Growth A	2,159
	JP Morgan	Small-Cap Value A Fund	2,141
	MFS	International Value Fund	2,109
	Prudential	Total Return Bond A	1,929
*	Nationwide	Bond A	1,824
	Eaton Vance	Floating Rate Fund A	1,780
	Eagle	Series Tr Small Cap Growth A	1,450
	Amerifunds	Capital World Bond Fund	1,427
	Janus	Intech US Growth S	1,180
	MFS	Value Fund	949
	Principal	Mid-Cap Blend Fund	757
	Delaware	Value Fund	621
	Neuberger Berman	High Income A	584
	Black Rock	Small Cap Growth Equity Investment	387
	Invesco	Dynamic Investment Fund	190
*	Nationwide	Retirement Income	44
			3,939,403
*	Participant loans	Interest rates were 3.25% with maturity dates through December 2026, collateralized by participants' vested balances	71,556
			$ 4,010,959

* Party-in-interest

LENDERLIVE NETWORK, INC.
LENDERLIVE NETWORK, INC. 401(k) PLAN
EIN # 62-1796508
Line 4I of Schedule H-Schedule of Assets Held for Investment Purposes
Plan Year Ending 12/31/2012

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
	Invesco Dynamics Fund	Mutual Fund		190
	Aberdeen Global Equity	Mutual Fund		3,346
	Aberdeen Int'l Equity	Mutual Fund		150,754
	Alger Cap App Inst I	Mutual Fund		416,312
	AllBer Intl Val K	Mutual Fund		2,653
	Am Cent Growth Fund	Mutual Fund		2,287
	American Cent Income & Growth	Mutual Fund		2,446
	American Cent Inflat Protected Bond Fund	Mutual Fund		4,560
	Am Cent ShtDuration Infl Protected Bond	Mutual Fund		3,061
	BlackRock Global Allocation Fund	Mutual Fund		27,566
	BlackRock Smallcap Growth Equity A	Mutual Fund		388
	Capital World Bond Fund R3	Mutual Fund		1,427
	Columbia Dividend Opportunity A	Mutual Fund		295,293
	Delaware Value A	Mutual Fund		621
	Dreyfus Start val Fd	Mutual Fund		3,148
	DWS Rreef GlblRealEst Sec A	Mutual Fund		2,852
	DWS Rreef RealEst Sec A	Mutual Fund		43,689
	Eagle Series Smallcap Growth A	Mutual Fund		1,450
	Eaton Vance Floating Rate Class A	Mutual Fund		1,780
	Euro Pacific Growth Fund	Mutual Fund		10,966
	Fidelity Adv Inflation Protected Bond	Mutual Fund		2,892
	Fundmental Investors R3	Mutual Fund		110,044
	Gdman Scs SmCap Value Fund A	Mutual Fund		2,836
	Gdmn Scs Large Cap Val Fund A	Mutual Fund		2,935
	Gdmn Scs Strd LgCap Gr A	Mutual Fund		2,526
	Heartland Value Plus	Mutual Fund		103,651
	Invesco VK American Franch	Mutual Fund		42,469
	Ivy Science & Tech Fund	Mutual Fund		10,386
	Janus Intech US Growth S	Mutual Fund		1,180
	JPM SmlCap Eqty	Mutual Fund		18,110
	JPM SmallCap Value A	Mutual Fund		2,141
	JPM Val Oppr A	Mutual Fund		3,099
	Lord Abbett Short Diration Income A	Mutual Fund		44,545
	Main Stay epoch Global Equity Yield Fund	Mutual Fund		246,726
	MFS Int'l Value Fund	Mutual Fund		2,109
	MFS Value Fund	Mutual Fund		949
*	NW 2010	Mutual Fund		100,839
*	NW 2015	Mutual Fund		20,968
*	NW 2020	Mutual Fund		184,330
*	NW 2025	Mutual Fund		249,126
*	NW 2030	Mutual Fund		171,913
*	NW 2035	Mutual Fund		71,912
*	NW 2040	Mutual Fund		127,077

LENDERLIVE NETWORK, INC.
LENDERLIVE NETWORK, INC. 401(k) PLAN
EIN # 62-1796508
Line 4I of Schedule H-Schedule of Assets Held for Investment Purposes
Plan Year Ending 12/31/2012

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
*	NW 2045	Mutual Fund		155,904
*	NW 2050	Mutual Fund		22,629
*	NW 2055	Mutual Fund		6,216
*	NW Retirement Income	Mutual Fund		44
*	NW Inv Dest Aggressive	Mutual Fund		2,202
*	NW Inv Dest Conservative	Mutual Fund		14,236
*	NW Inv Dest Moderate	Mutual Fund		13,732
*	NW Bond Fund A	Mutual Fund		1,824
*	NW Gov'y Bond Fund A	Mutual Fund		21,117
*	NW Money Market	Mutual Fund		383,351
*	NW S&P 500 Index	Mutual Fund		4,087
	Neuberger Berman High Income A	Mutual Fund		584
	Neuberger Berman Largecap Disciplined Growth	Mutual Fund		3,074
	Oppenheimer International Bond	Mutual Fund		28,457
	Oppenheimer Int'l Growth Fund	Mutual Fund		14,239
	Oppenheimer Intl Small Co Fund A	Mutual Fund		11,570
	Oppenheimer Main Street SmallMid Cap Fund A	Mutual Fund		2,609
	PIMCO Comdt Real Rtn Str A	Mutual Fund		3,755
	PIMCO Real Rtn Fund A	Mutual Fund		35,549
	PIMCO Total Return Fund	Mutual Fund		212,416
	Pioneer High Yield Fund A	Mutual Fund		187,502
	Principal Inc Mid Cap Blend A	Mutual Fund		757
	Prudential Jennison Natural Resources A	Mutual Fund		7,997
	Prudntl Jnsin Gr A	Mutual Fund		2,159
	Prudential Midcap Growth A	Mutual Fund		47,116
	Prudential Total Return Bond A	Mutual Fund		1,929
	Ridgeworth Midcap Value Equity	Mutual Fund		240,038
	Sntnl Small Company	Mutual Fund		3,025
	WF Emerging Market Equity A	Mutual Fund		13,733
	Participant Loans with Interest Rates at 3.25%	Participant Loans		71,556
	Totals			4,010,959

LENDERLIVE NETWORK, INC. 401(K) PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
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* Party-in-interest