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
PROTINGENT INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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

PROTINGENT, INC SUITE 200

16650 NE 79TH STREET
REDMOND, WA 98052

2b Employer Identification Number (EIN)
27-0030296

2c Sponsor's telephone number
425-284-7777

2d Business code (see instructions)
541330

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.	10/15/2013	DONN HARVEY
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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:

4b EIN

4c PN

a Sponsor's name
TECHLINK NORTHWEST INC

5	Total number of participants at the beginning of the plan year	**5**	181
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**	149
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	176
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	60
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2E 2G 2J 2T 2I 3D 3H

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)	[X]	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)	[X]	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)	[X]	**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)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**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
PROTINGENT INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTINGENT, INC SUITE 200

D Employer Identification Number (EIN)
27-0030296

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).. . . . . ☐ 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

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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)

PAYCHEX INC

911 PANORAMA TRAIL
ROCHESTER, NY 14625

16-1124166

(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?
15	RECORDKEEPER	5312	Yes [ ] No [X]	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 [ ]

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:	**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:

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
PROTINGENT INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTINGENT, INC SUITE 200

D Employer Identification Number (EIN)
27-0030296

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)		
(2) Participant contributions	1b(2)	9457	7646
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	67364	34208
(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)	28357	39006
(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)	900457	1100804
(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	1005635	1181664
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1005635	1181664

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)		
	(B) Participants	2a(1)(B)	392868	
	(C) Others (including rollovers)	2a(1)(C)	1128	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		393996
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)	1074	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1074
	(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)	30811	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		30811
	(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)		
	(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)		

		(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)		82685
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		508566
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	318906	
(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)		318906
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	13631	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13631
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		332537
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		176029
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: MAHRT & ASSOCIATES, PLLC **(2)** EIN: 91-1873332

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		3777
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		500000
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
PROTINGENT INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTINGENT, INC SUITE 200

D Employer Identification Number (EIN)
27-0030296

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**

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): 16-1470238

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):

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST

INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS
(with supplemental information)

DECEMBER 31, 2012 and 2011

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Protingent, Inc. 401(k) Profit Sharing Plan & Trust
Redmond, Washington

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Protingent, Inc. 401(k) Profit Sharing Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibilities 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.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 3, which was certified by Mid Atlantic Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. 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 years then ended, 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 Matter
The supplemental schedules, Assets Held for Investment Purposes at End of Year, and Delinquent Participant Contributions as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL 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, is 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.

Mahrt & Associates, PLLC

Mahrt & Associates, PLLC
Federal Way, Washington
October 15, 2013

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
Investments, at Fair Value	$ 1,135,012	$ 967,821
Receivables		
Notes Receivable from Participants	39,006	28,357
Participant Contribution Receivable	7,646	9,457
Total Receivables	46,652	37,814
Total Assets	1,181,664	1,005,635
Net Assets Available For Benefits	**$ 1,181,664**	**$ 1,005,635**

See accompanying notes

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31,	
	2012	**2011**
Additions To Net Assets:		
Investment Income		
Interest and Dividends	$ 30,811	$ 23,739
Investment Appreciation/(Depreciation)	82,685	(19,730)
Interest on Participant Loans	1,074	1,932
Participant Contributions	392,868	281,212
Rollover Contributions	1,128	-0-
Total Additions	508,566	287,153
Deductions From Net Assets:		
Benefits Paid to Participants	318,906	133,213
Administrative Expenses	13,631	10,745
Total Deductions	332,537	143,958
Net Increase In Assets	176,029	143,195
Net Assets Available For Benefits		
Beginning of Year	1,005,635	862,440
End of Year	**$ 1,181,664**	**$ 1,005,635**

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Protingent, Inc. 401(k) Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Protingent, Inc. and Protingent Franchise, LLC who are 21 years of age and have completed a month of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees have adopted a Volume Submitter 401(k) Profit Sharing Plan with CODA, as provided by Paychex, Inc. The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions - Each year, participants may elect to contribute a percentage of their compensation to the Plan as defined in the Plan. The company may make a discretionary matching contribution. The company may also make a discretionary profit sharing contribution to the Plan. Participants must be actively employed on the last day of the Plan year to share in the allocation of the discretionary employer contributions. No matching or profit sharing contributions were made for 2012 or 2011. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Contributions are subject to certain IRS limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of the company's contribution and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the company matching contribution and company profit sharing contribution is as follows:

Years of Service	Percentage
Less than 2	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Notes Receivable from Participants - Participants may borrow from their accounts, a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loans are secured by the balance in the participant's accounts and bear a reasonable rate of interest. A participant may only have one loan outstanding at any time.

NOTE 1 - DESCRIPTION OF THE PLAN, continued

Forfeited Accounts - Forfeitures reduce employer contributions. Forfeitures for 2012 and 2011 were $0 and $0, respectively.

Payment of Benefits - Due to death, disability, retirement, or termination of employment, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a lump sum amount or a transfer to another qualified retirement account, or individual retirement account. If the value of a participant's vested account balance is $5,000 or less on the valuation date coincident with or immediately following the participant's termination of employment, the company can distribute the participant's entire vested account balance. The Plan does not allow for hardship distributions.

Investment Options - The assets of the Plan, both employee and employer, are allocated to the various funds at the direction of the participant. The following investment options are available for the investment of participants' elective and employer matching and discretionary contributions: Equity, International, Fixed Income, Balanced and Money Market Funds.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

a. *Basis of Accounting* - The financial statements of the Plan are prepared on the accrual basis of accounting.

b. *Investment Valuation and Income Recognition* - Investments are reported at fair value. 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 at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

   Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

c. *Use of Estimates* - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

d. *Payment of Benefits* - Benefits are recorded when paid.

e. *Risks and Uncertainties* - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

f. *Date of Management's Review* - Subsequent events were evaluated through October 15, 2013, which is the date the financial statements were available to be issued.

g. *Expenses* - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of distributions to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the custodian of the plan, has certified to the completeness and accuracy of investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011 and the Schedule of Assets Held for Investment Purposes as of December 31, 2012 and the related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2012. Investments in excess of $50,282 and $43,122 for 2012 and 2011, respectively, represent more than 5% of plan assets.

Investments, at Fair Value:	2012	2011
Mid Atlantic Trust Company		
Mutual Funds		
Dodge & Cox International Stock	$ 80,905	$ 85,600
Vanguard Prime Money Market	34,918	67,345
Vanguard Growth Index	59,928	55,158
Vanguard Inflation Protected Securities	131,498	118,366
Vanguard Lifestrategy Mod Growth	142,701	137,144
Vanguard Total Bond Market Index	85,510	62,492
Vanguard Value Index	85,712	80,356
Other mutual funds not in excess of $50,282 and $43,122 for December 31, 2012 and 2011 respectively, in aggregate	513,840	361,360
	$ **1,135,012**	$ **967,821**
Investment Income:		
Interest and Dividends	$ 30,811	$ 23,739
Investment Appreciation/(Depreciation)	82,685	(19,730)

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820, Fair Value Measurement and Disclosures, establishes a framework for measuring fair value. That framework provides 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in inactive markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 4 - FAIR VALUE MEASUREMENTS, continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 4 - FAIR VALUE MEASUREMENTS, continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011.

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Alternative Asset	$ 5,963	$ -0-	$ -0-	$ 5,963
Equity	348,202	-0-	-0-	348,202
International	181,498	-0-	-0-	181,498
Fixed Income	275,842	-0-	-0-	275,842
Balanced	288,589	-0-	-0-	288,589
Money Market	34,918	-0-	-0-	34,918
Total Mutual Funds	1,135,012	-0-	-0-	1,135,012
Total Assets at Fair Value	$ 1,135,012	$ -0-	$ -0-	$ 1,135,012

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity	$ 329,268	$ -0-	$ -0-	$ 329,268
International	136,458	-0-	-0-	136,458
Fixed Income	231,863	-0-	-0-	231,863
Balanced	202,887	-0-	-0-	202,887
Money Market	67,345	-0-	-0-	67,345
Total Mutual Funds	967,821	-0-	-0-	967,821
Total Assets at Fair Value	$ 967,821	$ -0-	$ -0-	$ 967,821

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed Paychex, Inc., holder of the Volume Submitter Profit Sharing Plan with CODA, by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company adopted the plan. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's 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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 7 - PROHIBITED TRANSACTIONS

For the year ended December 31, 2012, Protingent Inc., failed to transmit participant contributions to the plan timely. The amount of participant contributions not timely transmitted was $3,777. Lost earnings and interest on lost earnings was $44. All contributions and lost earnings have been paid.

SUPPLEMENTAL INFORMATION

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

EIN: 27-0030296 PLAN NO.: 001

DECEMBER 31, 2012

(a)	(b) Identity of Issues, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mid Atlantic Trust Company	Mutual Funds		
		AllianceBernstein Equity Income	**	$ 1,299
		American Century Global Gold	**	5,963
		American Century Heritage	**	4,256
		American Century Zero Coupon 2025	**	7,539
		BlackRock Natural Resources Trust	**	31,759
		Columbia Acorn International	**	27,540
		Columbia Greater China	**	5,194
		Columbia Mid Cap Value	**	4,363
		Delaware Corporate Bond	**	5,161
		Dodge & Cox International Stock	**	80,905
		Dreyfus Technology Growth	**	2,725
		Keeley Small Cap Value	**	2,602
		MainStay S&P 500 Index	**	8,008
		Northern Emerg Markets Equity Index	**	26,651
		Oppenheimer International Bond	**	8,607
		PIMCO All Asset	**	3,773
		Prudential Global Real Estate	**	660
		Schwab Health Care Fund	**	5,144
		T Rowe Price Financial Services	**	5,122
		T Rowe Price Media and Tel	**	14,552

See accompanying independent auditors' report

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

EIN: 27-0030296 PLAN NO.: 001

DECEMBER 31, 2012

(a)	(b) Identity of Issues, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mid Atlantic Trust Company	Mutual Funds		
		Vanguard 500 Index	**	11,560
		Vanguard Balanced Index	**	401
		Vanguard Equity-Income	**	9,276
		Vanguard Global Equity	**	40,548
		Vanguard Growth Index	**	59,928
		Vanguard Inflation-Protected Securities	**	131,498
		Vanguard Intermediate-Term Treasury	**	12,120
		Vanguard Int-Term Bond Index	**	8,881
		Vanguard LifeStrategy Conservative	**	6,809
		Vanguard LifeStrategy Growth	**	17,206
		Vanguard LifeStrategy Income Fund	**	9,043
		Vanguard LifeStrategy Mod Growth	**	142,701
		Vanguard Long-Term US Treasury	**	10,712
		Vanguard Mid-Cap Growth Index	**	11,579
		Vanguard Mid-Cap Index	**	3,704
		Vanguard Mid-Cap Value Index	**	2,492
		Vanguard Prime Money Market	**	34,918
		Vanguard Short-Term Federal Fund	**	5,814
		Vanguard Small Cap Growth Index	**	28,928
		Vanguard Small Cap Index	**	16,331

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

EIN: 27-0030296 PLAN NO.: 001

DECEMBER 31, 2012

(a)	(b) Identity of Issues, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mid Atlantic Trust Company	Mutual Funds		
		Vanguard Small Cap Value Index	**	4,923
		Vanguard Social Index	**	691
		Vanguard Target Retirement 2015	**	5,888
		Vanguard Target Retirement 2020	**	3,957
		Vanguard Target Retirement 2025	**	27,892
		Vanguard Target Retirement 2030	**	13,656
		Vanguard Target Retirement 2035	**	15,694
		Vanguard Target Retirement 2040	**	72
		Vanguard Target Retirement 2045	**	4,492
		Vanguard Target Retirement Income	**	5,087
		Vanguard Total Bond Market Index	**	85,510
		Vanguard Total Stock Market Index	**	13,930
		Vanguard US Growth Portfolio	**	4,844
		Vanguard Value Index	**	85,712
		Vanguard Wellesley Income	**	31,919
		Yacktman Fund	**	14,473
		Total	**	$ 1,135,012
		Participant Loans, Interest at 4.25% to 10.25%	$ -0-	$ 39,006

* Represents a party-in-interest
** Cost omitted for participant directed investments

See accompanying independent auditors' report

PROTINGENT, INC. 401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4i
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 27-0030296 PLAN NO. 001

DECEMBER 31, 2012

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	-0-	$ 3,777	-0-	$ 3,777

PARTY IN INTEREST - X
IDENTITY - ALLIANCEBERN EQ INC
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 1299

PARTY IN INTEREST - X
IDENTITY - AMERICAN CEN GL BD
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5963

PARTY IN INTEREST - X
IDENTITY - AMERICAN CEN HER
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 4256

PARTY IN INTEREST - X
IDENTITY - AMERICAN CEN ZERO CP
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 7539

PARTY IN INTEREST - X
IDENTITY - BLACKRK NAT RES TR
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 31759

PARTY IN INTEREST - X
IDENTITY - COL ACORN INTL
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 27540

PARTY IN INTEREST - X
IDENTITY - COL GR CHINA
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5194

PARTY IN INTEREST - X
IDENTITY - COL MID CAP VALUE
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 4363

PARTY IN INTEREST - X
IDENTITY - DEL CORP BOND
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5161

PARTY IN INTEREST - X
IDENTITY - DODGE & COX INTL STK
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 80905

PARTY IN INTEREST - X
IDENTITY - DREYFUS TECH GR
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 2725

PARTY IN INTEREST - X
IDENTITY - KEELEY SMALL CAP VAL
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 2602

PARTY IN INTEREST - X
IDENTITY - MAINSTAY S&P 500 IND
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 8008

PARTY IN INTEREST - X
IDENTITY - NORTH EMER MKTS EQ
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 26651

PARTY IN INTEREST - X
IDENTITY - OPP INTL BD
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 8607

PARTY IN INTEREST - X
IDENTITY - PIMCO ALL ASSET
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 3773

PARTY IN INTEREST - X
IDENTITY - PRU GLOB REAL ESTATE
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 660

PARTY IN INTEREST - X
IDENTITY - SCHWAB HLTH CARE FD
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5144

PARTY IN INTEREST - X
IDENTITY - T ROWE PR FIN SERV
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5122

PARTY IN INTEREST - X
IDENTITY - T ROWE PR MED & TEL
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 14552

PARTY IN INTEREST - X
IDENTITY - VAN 500 INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 11560

PARTY IN INTEREST - X
IDENTITY - VAN BALANCED INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 401

PARTY IN INTEREST - X
IDENTITY - VAN EQ INCOME
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 9276

PARTY IN INTEREST - X
IDENTITY - VAN GLOBAL EQ
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 40548

PARTY IN INTEREST - X
IDENTITY - VAN GR INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 59928

PARTY IN INTEREST - X
IDENTITY - VAN INFL PROT SEC
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 131498

PARTY IN INTEREST - X
IDENTITY - VAN INT TERM BD IND
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 12120

PARTY IN INTEREST - X
IDENTITY - VAN INT TERM TREAS
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 8881

PARTY IN INTEREST - X
IDENTITY - VAN LIFEST CONSERV
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 6809

PARTY IN INTEREST - X
IDENTITY - VAN LIFEST GROWTH
DESCRIPTION - MUTUAL FUND
COST - 0

CURRENT VALUE - 17206

PARTY IN INTEREST - X
IDENTITY - VAN LIFEST INCOME FD
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 9043

PARTY IN INTEREST - X
IDENTITY - VAN LIFEST MOD GR
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 142701

PARTY IN INTEREST - X
IDENTITY - VAN LONGTERM US TREA
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 10712

PARTY IN INTEREST - X
IDENTITY - VAN MIDCAP GR INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 11579

PARTY IN INTEREST - X
IDENTITY - VAN MIDCAP INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 3704

PARTY IN INTEREST - X
IDENTITY - VAN MIDCAP VAL INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 2492

PARTY IN INTEREST - X
IDENTITY - VAN PRIME MM
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 34918

PARTY IN INTEREST - X
IDENTITY - VAN ST FEDERAL
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5814

PARTY IN INTEREST - X
IDENTITY - VAN SM CAP GR INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 28928

PARTY IN INTEREST - X
IDENTITY - VAM SM CAP INDEX
DESCRIPTION - MUTUAL FUND

COST - 0
CURRENT VALUE - 16331

PARTY IN INTEREST - X
IDENTITY - VAN SM CAP VAL INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 4923

PARTY IN INTEREST - X
IDENTITY - VAN SOCIAL INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 691

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2015
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5888

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2020
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 3957

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2025
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 27892

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2030
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 13656

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2035
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 15694

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2040
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 72

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET 2045
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 4492

PARTY IN INTEREST - X
IDENTITY - VAN TARGET RET INC

DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 5087

PARTY IN INTEREST - X
IDENTITY - VAN TOTAL BD MAR IND
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 85510

PARTY IN INTEREST - X
IDENTITY - VAN TOTAL STK MAR IN
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 13930

PARTY IN INTEREST - X
IDENTITY - VAN US GROWTH PORT
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 4844

PARTY IN INTEREST - X
IDENTITY - VAN VALUE INDEX
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 85712

PARTY IN INTEREST - X
IDENTITY - VAN WELLESLEY INC
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 31919

PARTY IN INTEREST - X
IDENTITY - YACKTMAN FUND
DESCRIPTION - MUTUAL FUND
COST - 0
CURRENT VALUE - 14473

PARTY IN INTEREST -
IDENTITY - PARTICIPANT LOANS
DESCRIPTION - INT 4.25% TO 10.25%
COST - 0
CURRENT VALUE - 39006