Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

-	rt I		Identification Inform	nation								
For	calenda	ar plan year 2013 or fi	scal plan year beginning	01/01/2013		and ending	12/31/	2013				
A	Γhis retu	urn/report is for:	a single-employer plan	n a	multiple-employer pl	an (not multiemployer)	yer) a one-participant plan					
В -	Γhis retu	urn/report is:	x the first return/report	th	ne final return/report							
			an amended return/re	port a	short plan year returr	n/report (less than 12 m	onths)				
C	Check b	oox if filing under:	Form 5558	a	utomatic extension		DFVC program					
			special extension (ent	ter description)								
Pa	rt II	Basic Plan Info	rmation—enter all reque	ested information	on							
	Name o	•					1b	Three-digit				
INOV	B, INC.	401(K) PLAN						plan number (PN)	001			
							1c	Effective date of pl				
								01/01/20				
	Plan sp 8, INC.		dress; include room or suit	e number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 90-07660				
16124	1 F FII	CLID AVE.		2c	Sponsor's telephorosomer 509-624-8							
SPOR	KANE V	ALLEY, WA 99216					2d	Business code (se	e instructions)			
								713900				
3a	Plan ac	dministrator's name ar	nd address XSame as Pla	n Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN	N .			
							3c	Administrator's tele	ephone number			
4			e plan sponsor has change		t return/report filed fo	or this plan, enter the	4b	EIN				
а		EIN, and the plan hul or's name	mber from the last return/re	ероп.			4c	PN				
	•		at the beginning of the plan	n year			5a		0			
b	Total n	number of participants	at the end of the plan year	·			5b		9			
С	Numbe	er of participants with	account balances as of the	end of the pla	n year (defined bene	fit plans do not						
	comple	ete this item)		······································	······································	· · · · · · · · · · · · · · · · · · ·	5c		7			
6a			s during the plan year inves	_					X Yes No			
b	•	•	f the annual examination ar ? (See instructions on waive				,		X Yes ☐ No			
			ither line 6a or line 6b, the									
С	If the p	olan is a defined benef	fit plan, is it covered under	the PBGC insu	ırance program (see	ERISA section 4021)?		Yes No No	lot determined			
Cau	tion: A	penalty for the late	or incomplete filing of thi	is return/repoi	rt will be assessed	unless reasonable car	use is	established.				
			her penalties set forth in the						e, a Schedule			
		dule MB completed a rue, correct, and com	nd signed by an enrolled ac plete.	ctuary, as well	as the electronic ver	sion of this return/repor	t, and	to the best of my kn	owledge and			
SIG		Filed with authorized	valid electronic signature.		03/12/2014	ANDREW BARRETT						
IILI	_	Signature of plan a	dministrator		Date	Enter name of individ	lual siç	gning as plan admin	istrator			
SIG												
HER		Signature of emplo			Date	Enter name of individ			<u> </u>			
	oarer's r CALHO		name, if applicable) and add	dress; include i	room or suite numbe	r (optional)	Prep	parer's telephone nu	ımber (optional)			
RAN	DALL &	HURLEY, INC.						509-838-5	500			
		ERSIDE AVE., SUITE WA 99201	1600									
J. J	,											

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voa	r		
	Total plan assets	7a	(a) beginning or rea	41			(b) Liid C		2971		
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c		0				122	2971		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	(a) Amount			(b) To	tal			
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı			
	(1) Employers	8a(1)	658	6							
	(2) Participants	8a(2)	758	8							
	(3) Others (including rollovers)	8a(3)	10800	6							
b	Other income (loss)	8b	112	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						123	3305		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							334		
i	Net income (loss) (subtract line 8h from line 8c)	8i						122	2971		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Par	t V Compliance Questions			,			T				
10	During the plan year:				Yes	No	,	Amou	ınt		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
—е	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes		No
114	5500) and line 11a below)							Ш_	, 03	Ц_	. 10
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC	П,	Voc	<u></u>	Nic
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	კ02 of	ERISA?	Ш.	Yes	^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	and a	ontor +1	o date of th	o lotto	or ruli	200	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day		e lette Year _	zı IUIII	ıy	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		ı				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treatury Internal Revenue Service

Department of Labor Gradupus Benefiu Sacurry Automateurin Person Serett Sugrenty Comorania

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

2013

DMB Nes. 1210-0110

1210-0089

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Part	Annual Repo	rt identification information				
Forcalen	dar plan year 2013 or	fiscal plan year beginning 0	170172013	and ending	1.2	731/2013
A This is	elumvreport is for	X a single-employer plan	a multiple-emplo	ye: pian (not multiomployer)		a one-perticipant plan
	eturn/report is	Ine first return/report	the final return/n	port		
1109.15	Samuel albonia ca:	an amended return/report	a short plan year	return/report (less than 12 n	rooths)	
	Live season in the season	Farm 5558	automatic extens		(DEVC program
G Check	hax if filing under		-	and i	1-2	D.C V. A.C. B. F.
		special extension (enter descripti				
Part II		formation—anter all requested inform	ERECTORY :		44 -	rrée-digit
1a Name		mt			1.0	ree-digit an number
THOVE	Inc. 401(k)	8180				N) P DG1
						fective date of plan 701/2013
		address, include room or suite number (employer, if for a a	ingle-employer plan)	2b ⊞r	riployer Identification Number
Inove	Int				111	IN) DC-0766007
16114	8, Buelld Av	⊕ .			1000	oonsor's telephone number 09-624-8921
					The second second	isiness code (see instructions)
	e Valley	WA 99216				13900
3a Plan	administrator's name	and address X5ame as Plan Sponsor	Name XSame a	s Plan Sponsur Address	3b A	ministrator's EtN
A If the	company and or EIN of	the plan sponsor has changed since the	last mtumireport	Sied for this plan, enter the	4b 🗈	N -
		number from the last return/report.	sast unistrateball	near for this plant, error the	7949 151	
a Spon	sor's name	AND THE RESERVE OF THE PROPERTY OF THE PROPERT			4c Pl	N
5a Total	number of perticiper	its at the beginning of the plan year			5a	
b Total	number of participar	its at the end of the plan year			5b	
	ber of participants will plets this item)	th account balances as of the end of the	plan year (dofined	benefit plene do not	5c	
b Are	you claiming a waiver	ets during the plan year invested in eligit of the armuet examination and report of 467 (See instructions on waiver aligntility	an independent q	ualified public accountent (II))PA)	Yes No No Yes No No
If yo	u answered "No" to	either line 6a or line 6b, the plan can	not use Form 550	0-SF and must instead us	Form 55	00.
		seff plan is it covered under the PBGC				
		te or incomplete filing of this returnire				
SB or Sch	naties of pegury and redule MB completed strue, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, as omplete.	m, I declare that I yell as the electron	nave examined this return/repo	d and to t	he best of my knowledge and
man vi		25		Andrew Barret	t	
BIGN	A CONTRACTOR OF THE PARTY OF TH		- 1	Carried Service Services 100	Total Control	
	Signature of plan	Signature of plan administrator		finiter name of indivi	tual signin	ig as plan administrator
SIGN						
HERE	Signature of emp	ployer/plan sponsor	Date			ng as employer of plan sportsor
	s name (including fim CALHOUN	n name, if applicable) and address: inclu	de room or sulte n	umber (optional)	Frepare	er's telephone number (optional) 503-638-5500
Randal	li & Hurley.	inc.				
		ve Suite 1600				

WA

99201

b	Total plan assets	-	(a) Beginning of Yes		_				
b		7a							122071
_	Total plan liabilities	7b							
C	Net plan assets (suttinad line 7b from line 7a)	7c			D				12297
	ncome. Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tiil	
$\overline{}$	Contributions received or receivable from:	el Irol		910.9					
	(1) Employers	8a(1)		0.0.0	-			_	
	(2) Participants	.8a(2)		758	$\overline{}$				
	(3) Others (including millovers)	8#(3)	1	0800	-				
	Other income (loss)	8b		1.1.2	5				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				133309
11111	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		33	4				
_	Certain deemed and/or corrective distributions (see instructions)	86			+-				
1	Administrative service providers (salaries, fees, commissions)	81			+				
g	Other expenses	0g		_	+-	_			
	Total expenses (add lines 8d, 8e, 81, and 8g)	8h			-				334
-	Net income (loss) (subtract line 8h from line 8c)	81			+				122971
	Transfers to (from) the plan (see instructions)	-81							
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 22 23 2K 2F 2G 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe	7-2-2-1					_		
10 a b	Compliance Questions During the plan year Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DCL's Voluntary Fiduciary Correction Frogram). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported.)					No X	A	Amount	
	on line 10s.)	C TRACKING HAN	ONE RADISSIDES INDUIDS	106		K			-
-0	Was the plan covered by a fidelity bond?			100	×				30000
d	or dishonesty?			10d		×			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	er persons b of the benefit	y an insurance carrier, s under the plan? (See	100		×			
Ť.	Has the plan falled to provide any benefit when due under the plan	n/9		101		X			
0	Did the plan have any participant loans? (If "Yes," enter amount as	a of year end	1	100		- 36			
ħ	If this is an individual account plan, was there a blackout period? 2520 101-3)			10h		ж			
1	If 10h was answered "Yes." check the box if you either provided the exceptions to providing the notice applied under 29 GFR 2520-10.		tice or one of the	101					
Part									
11,	ts this a defined benefit plan subject to minimum funding requirem £500) and line 11s below)	ents? (if "Yes	," see instructions and com	plete :	Sched	ule 58	(Form	Yes	No.
118	Enter the unpaid minimum required contribution for current year for	om Schedule	SE (Form 5500) line 39			t ta			
12	is this a defined contribution plan subject to the minimum funding			or se	chon 2	02 of E	HISA?	Yes	X No
	[If "Yes," complete line 12s of lines 12b, 12c, 12d, and 12e below.					T			- lead
	If a waiver of the minimum funding standard for a prior year is bein				and e	oter the Stay		e letter n Year	alling:
a	granting the warver		MOD	111		THEY		1.4541	
	graming the warver you completed line 12a, complete lines 3, 9, and 10 of Schoduli	MB (Form !		111	17	Liny		1,641	