## 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 section 6058(a) of the Internal Revenue Code (the Code).

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

0040

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010
Α .	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio				
Pa	rt II Basic Plan Information—enter all requested informa	,			
	Name of plan	ation		1b	Three-digit
	TAP RETIREMENT PLAN				plan number 001
					(PN) •
		1c	Effective date of plan 07/01/2008		
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	TAP, INC.	piaii)		20	(EIN) 20-5371037
				2c	Plan sponsor's telephone number
	2ND AVE., SUITE 1130 TLE, WA 98104			0-1	206-866-1162
				<b>2</b> a	Business code (see instructions) 541519
3a	Plan administrator's name and address (if same as Plan sponsor, er 7AP, INC. 710 - 2ND AV	nter "Same	e")	3b	Administrator's EIN
SKY	TAP, INC. 710 - 2ND AV SEATTLE, W	/E., SUITE A 98104	E 1130		20-5371037
	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3с	Administrator's telephone number 206-866-1162
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Sponsor		pertined for and plant, erner and		
				4c	1
5a	Total number of participants at the beginning of the plan year			- 5a	27
b	Total number of participants at the end of the plan year			5b	32
С	Total number of participants with account balances as of the end of complete this item)		•	. 5c	17
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Y Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IC	QPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes   No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
			(a) Baninninn of Vaca		(h) Fod of Voca
7	Plan Assets and Liabilities		(a) Beginning of Year	00	(b) End of Year 365409
	Total plan assets  Total plan liabilities	7a 7b			
C	Net plan assets (subtract line 7b from line 7a)	7b 7c	25250	00	365409
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	12421	5	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	3531	8	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			159533
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4662	24	
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			46624
i	Net income (loss) (subtract line 8h from line 8c)	8i			112909
i	Transfers to (from) the plan (see instructions)	Ωi			

	F	orm 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	des in t	he instructi	ons:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in th	ne instructio	ons:		
Part	V	Compliance Questions							
10	Durir	ng the plan year:		Yes	No	-	Amou	nt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance	•						
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	ule SB	(Form		/es	No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ection 3	302 of E	RISA?		⁄es X	No

Part	VII Plan Terminations and Transfers of Assets				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
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			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
b	Enter the minimum required contribution for this plan year	12b			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver				•
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				

	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
C 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.)						
	13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s	s) <b>13c(3)</b> PN(s)			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	09/01/2011	SCOTT ROZA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part		Complete all entries in according to the second secon	lance with th	ne instructions to the Form 5500	-SF.		pection
A This return/report is for:							8.00
B. This return/report is for:	For			and ending			
C Check box if filing under: Some 5688 substant 2 months   DFVC program   DFVC pr	Α .	This return/report is for: Single-employer plan	multiple-emp	oloyer plan (not multiemployer)		one-participa	nt plan
DFVC program   Special extension   Special e	В .	This return/report is for:	final return/re	eport			
Septical extension (enter description)   Septical extension (enter description)   Part II   Basic Plan Information—enter all requested information   18 Name of plan   SKYTAP RETIREMENT PLAN   16 Effective date of plan   SKYTAP RETIREMENT PLAN   20 Employer, if for single-employer plan   16 Effective date of plan   Cyril / 2008   22 Plan aponsor's name and address (employer, if for single-employer plan )   20 Employer (destribution Number (EIN)   20 SSYT037   20 Plan sponsor's tablephone number   20 Plan sponsor's hardware as Plan sponsor, enter "Same"   20 Binspopers' is bisphone number   20 Plan sponsor's hardware as Plan sponsor, enter "Same"   20 Binspopers' is bisphone number   20 Plan sponsor's hardware as Plan sponsor, enter "Same"   20 Administrator's Elm   20 Plan sponsor's hardware   20 Plan sponsor's hard		an amended return/report	short plan ye	ear return/report (less than 12 mor	iths)		
Part	C	Check box if filing under: X Form 5558	automatic ex	tension		DFVC progra	ım
1		special extension (enter descriptio	n)		8		
SKYTAP RETIREMENT PLAN   1c   Effective date of plan (07/07/12/08/15/07/07/12/08/15/07/07/07/07/07/07/07/07/07/07/07/07/07/	Pa	art II Basic Plan Information—enter all requested information	ation	· · · · · · · · · · · · · · · · · · ·			
Plan number   Opt   Op	1a	Name of plan	-		1b	Three-digit	****
1	SKY	TAP RETIREMENT PLAN				plan number	004
2   Plan sponsor's name and address (employer, if for single-employer plan							77.00 Sec. 1
SKYTAN   NC				10			
206-866-162   20		그는 그래픽에 가는 경향을 들어가 쓰는데 하는 게 하는데 보다는 아이는 아이를 하는데	plan)				fication Number 1037
Sala   Plan administrator's name and address (if same as Plan sponsor, enter "Same")   3b   Administrator's EIN   20-5371037   3c   Administrator's EIN   20-5371037   3c   Administrator's tellor   20-537103   3c   20-5371037   3c   20-53710	710 -	- 2ND AVE., SUITE 1130			2c	Plan sponsor's t 206-86	elephone number 6-1162
A 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. Sponsor's name	SEA'	TTLE WA 98104			2d	Business code (	see instructions)
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. Sponsor's name			nter "Same")		3b		
4 if the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the raise, EIN, and the plan number from the last return/report. Sponsor's name    4c   PN						Administrator's (	telephone number 6-1162
Total number of participants at the beginning of the pian year   5a   5a   27				rt filed for this plan, enter the	4b		
Total number of participants at the beginning of the plan year		oponio	i o namo		4c	PN	
b Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).  Total numbers of participants with account balances as of the end of the plan year (defined benefit plans do not plans with year or participants (defined benefit plans do not plan year (defined benefit plans do not plans with year or participants (defined benefit plans do not plan year (defined benefit plans do not plan year (defined benefit plans do not plan year (defined benefit plans do not plans do not plan year (defined benefit plans do not plans assets (subtract line 7b from line 7a).  Total plan assets and Liabilities (defined benefit plans assets and Liabilities (defined benefit plans do not plans assets (subtract line 7b from line 7a).  Total plan assets and Liabilities (defined benefit plans assets (subtract line 7b from line 7a).  Total plan assets (subtract line 7b from line 7a).  Total plan assets (s	5a	Total number of participants at the beginning of the plan year				1	27
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).         5c         17           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑ Yes  No         ∑ Yes  No           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑ Yes  No           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑ Yes  No           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑ Yes  No           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑ Yes  No           6a         If you answered *No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.           Part III         Financial Information         7a         252500         365409           7 total plan assets and Liabilities         7a         252500         365409           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) End of Year           7 total plan assets (subtract line 7b from line 7a).         7c         252500         365409           8 (1) Employers         8a(1)         (a) Amount         (b) Total	b Total number of participants at the end of the plan year					32	
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 FCR 2520.104-467 (See instructions on waiver eligibility and conditions.)  Part III Financial Information  Plan Assets and Liabilities  Total plan assets (subtract line 7b from line 7a).  Net plan assets (subtract line 8b from line 8a(1), 8a(2), 8a(3),	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information  7 Plan Assets and Liabilities  Total plan assets  Total plan assets  Total plan assets  Total plan liabilities  Total plan liabilities  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)  Total plan liabilities  Total income, Expenses, and Transfers for this Plan Year  (a) Amount  (b) Total  (b) Total  (c) Participants  Sa(2)  Total income (loss)  Other income (loss), and 8b)  Sa(3)  Ba(3)  Contributions received or receivable from:  (1) Employers  Sa(3)  Contributions receivable from:  (1) Employers  Sa(3)  Sa(4)  Sa(4)  Sa(4)  Sa(4)  Sa(4)  Sa(4)  Sa(5)  Sa(4)  Sa(5)  Sa(6)  Sa(6)	6a						X Yes ☐ No.
Fyour answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   Part III	b	Are you claiming a waiver of the annual examination and report of	an independe	ent qualified public accountant (IOF	PAI		
Part III   Financial Information   Financial Information     7		under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	s.)		***************************************	X Yes No
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       252500       365409         b       Total plan liabilities       7b       7c       252500       365409         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from: <ul> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers)</li> <li>(3) Other (including rollovers)</li> <li>(4) Bas</li> <li>(5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>(8) Bas</li> </ul> (8) Other income (loss)         8b             (9) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c             (1) Employers         8d               (2) Participants             8d               (3) Other income (loss)             8d               (46624)               (5) Creating demed and/or corrective distributions (see instructions)	Pa		orm 5500-SF	and must instead use Form 550	00.		
Total plan assets	2.0				-	management of	- 15315705
b         Total plan liabilities	250		-		-	(b) End	
C         Net plan assets (subtract line 7b from line 7a)				102000			365409
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	10.000			252500	-		265400
a Contributions received or receivable from: (1) Employers	7. 5350						-
(1) Employers       8a(1)         (2) Participants       8a(2)       124215         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       35318         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       159533         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       46624         e 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       46624         i Net income (loss) (subtract line 8h from line 8c)       8i       112909         j Transfers to (from) the plan (see instructions)       8j	- 25		r-arelate n	(a) Amount	+-	(b) 1	otal
(3) Others (including rollovers)	59.	- 1921年 - 19	. 8a(1)				
b Other income (loss)		(2) Participants	. 8a(2)	124215			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	. 8b	35318			
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				159533
e Certain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums		16601		7	A SAME LOSE
f Administrative service providers (salaries, fees, commissions)	_			40024			
g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       46624         i Net income (loss) (subtract line 8h from line 8c)       8i       112909         j Transfers to (from) the plan (see instructions)       8j	-	TOTAL CONTROL			4		
h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       46624         i Net income (loss) (subtract line 8h from line 8c)       8i       112909         j Transfers to (from) the plan (see instructions)       8j				William Willia	_		
i Net income (loss) (subtract line 8h from line 8c)			N-			A Language	
j Transfers to (from) the plan (see instructions)	n						
	l i						112909
	For	20 M 10 200 M 10 10 M 10 M 10 M 10 M 10	0	700 OF			

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Page	2-	11
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Form	5500	LSE	201	0

Dart IV	Plan Charact	orietice

Signature of employer/plan sponsor

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	٧	Compliance Questions	M					177				
10		ing the plan year:				Yes	No		Am	ount		222
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Progra	m)	10a		х					
b	We on	re there any nonexempt transactions with any party-in-interest? (Dine 10a.)	o not include transa	ctions reported	10b		х					
C		s the plan covered by a fidelity bond?			10c		х					
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						x					
f		s the plan failed to provide any benefit when due under the plan?			10f		Х		-			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	***************	10a		Х					
h	If th 252	nis is an individual account plan, was there a blackout period? (See	instructions and 29	) CFR	10h		х			XIII.		
i	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the	101							ELA.
Part		Pension Funding Compliance										
11	Is ti 550	nis a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see inst	ructions and com	plete	Sched	lule SE	(Form	Γ	Yes	Ī	No
12		his a defined contribution plan subject to the minimum funding requ								Yes	X	No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						=			
а	If a	waiver of the minimum funding standard for a prior year is being a	mortized in this plan	year, see instru	ctions,	, and e	enter th	e date of	the le	tter ru	ling	
If v	gra vou	nting the waivercomplete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	Mon I skin to line 13	th		Day		Yea	ir		_
b		er the minimum required contribution for this plan year		The second secon		Γ	12b		-			- 2
С		er the amount contributed by the employer to the plan for this plan					12c					_
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a minu	us sian to the left	of a		12d			1999		-,
е		the minimum funding amount reported on line 12d be met by the f				-		Yes	П	No [	] N	/A
Part	VII	Plan Terminations and Transfers of Assets								•		*****
13a	Ha	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Ī	Yes	X	No
	If "	es," enter the amount of any plan assets that reverted to the empl	loyer this year	••••••	*********	Г	13a					
	We of t	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought	under	the co	ontrol	* :	Γ	Yes	X	No
C	If d	uring this plan year, any assets or liabilities were transferred from tich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) to	)			_		
1	3c(*	) Name of plan(s):				13	c(2) El	N(s)		13c(3	) PN	(s)
											311	
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	use is	establ	ished.				
SBo	r Sci	nalties of perjury and other penalties set forth in the instructions, I on nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	declare that I have east the electronic vers	examined this return	urn/re /repor	port, ir t, and	ncludin to the l	g, if applic pest of my	able, know	a Sch vledge	edul and	9
		Set Wer	8-26-2011	SCOTT ROZA								and the second
SIG		Signature of plan administrator	Date	Enter name of in	ndivid.	ual ala	ning s	nles'	-i-t-			
SIG	N			Lines Haille UI II	idividi	uai Sig	ning as	pian adr	ıınıst	ator	-	
CIG	IN .											

Date

Enter name of individual signing as employer or plan sponsor