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

2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SKYTAP RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 07/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SKYTAP, INC 20-5371037 (EIN) 2c Sponsor's telephone number 206-866-1162 710 - 2ND AVE., SUITE 1130 SEATTLE, WA 98104 2d Business code (see instructions) 541519 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SKYTAP, INC. 710 - 2ND AVE., SUITE 1130 20-5371037 SEATTLE, WA 98104 **3c** Administrator's telephone number 206-866-1162 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 49 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 365409 449782 Total plan assets..... 7a 7b Total plan liabilities..... 365409 449782 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 144119 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -28274 **b** Other income (loss)..... 8b 115845 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 31472 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 31472 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 84373 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form 5500-SF 2011				1	۱1	20	F	2	Λ	'n	55	rm	E۸	
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Part IV	Plan	Characteristics

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

art	V Compliance Questions							
10	During the plan year:		Yes	No	,	Amour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance		•					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					ПΥ	es	No
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	enter th	e date of th	 e letter		J
lf v	granting the waiver			Day		Year _		
	Enter the minimum required contribution for this plan year			12b				
	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 negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	П	N/A
art					<u> </u>			
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	_						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Пү	es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					•
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	130	(3) Pl	N(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonak	le cau	ıse is	establ	ished.	· · · ·		
	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/06/2012	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 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information		* W 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011	
A	his return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan	
В	his return/report is: the first return/report	the final re	turn/report			
	an amended return/report	short plan	n year return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	automatic	extension	6	☐ DFVC program	
1000	special extension (enter description					
Pa	rt II Basic Plan Information—enter all requested informa				- 11 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Name of plan	ition		1h	Three-digit	
	TAP RETIREMENT PLAN			1.5	plan number	
Civi	FILE TO SELECTION OF THE PROPERTY OF THE PROPE				(PN) DO1	
				1c	Effective date of plan 07/01/2008	
2a	Plan sponsor's name and address; include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identification Number	r
SKY	TAP, INC.			-16.00	(EIN) 20-5371037	
				2c	Sponsor's telephone number	
710 -	2ND AVE., SUITE 1130		"		206-866-1162	
SEA.	TLE WA 98104			2d	Business code (see instructions 541519	5)
3a SAM	Plan administrator's name and address (if same as plan sponsor, er	iter "Same"	")	3b	Administrator's EIN 20-5371037	
			30-00 No. 100-00 No. 1	3с	Administrator's telephone numb 206-866-1162)er
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		32
(125	Total number of participants at the end of the plan year			5b		49
С	Number of participants with account balances as of the end of the p complete this item)	lan year (d	lefined benefit plans do not	5c		22
- 6a	Were all of the plan's assets during the plan year invested in eligible				X Yes □	No
	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQ)	PA)		No
¥	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes [NO
Pa	rt III Financial Information	71111 0000 °C	or and mast mateau use i omi us			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
15	Total plan assets	7a	365409	100000	(b) End of Year 4497	782
b	Total plan liabilities		- 4 - 80 - 60 - 60 - 60 - 60 - 60 - 60 - 60	1	111111111111111111111111111111111111111	
	Net plan assets (subtract line 7b from line 7a)	7c	365409		4497	782
8	Income, Expenses, and Transfers for this Plan Year			+		
а	Contributions received or receivable from:		(a) Amount	-	(b) Total	
_	(1) Employers	8a(1)				
	(2) Participants	8a(2)	144119			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-28274			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1158	345
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31472			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		_		
g	Other expenses	8g		- 1		
g h	Other expenses	8g 8h	1000	-	314	472
100						472 373

2000 E	Form 5500-SF 2011 Page 2 - 1							
Par	A CONTRACTOR OF THE PROPERTY O							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 3D 2T	cterist	ic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	teristic	c Code	es in th	ne instructio	ns:		
Part	V Compliance Questions	***						
10	During the plan year:		Yes	No	1	Amount		
	The state of the s	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	a constant			
C	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		х				
f								
g								
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				30		
Part	VI Pension Funding Compliance				W Sulfan			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and composition (If "Yes," see instruction (If "Yes," see instru					Ye	s No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of	ERISA?	Ye	s 🛚 No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ara s a carecara		an to the second residence of				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	th	and e	nter th Day	e date of th	e letter i Year	ruling	
	Enter the minimum required contribution for this plan year		Г	12b			-	
c	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 negative amount)	of a		12d			eus v	
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?				res X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Ye	s X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
	I3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c	(3) PN(s)	

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, 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	* SARMY	14/27/2012	SCOTT ROZA
HERE	Signature of man 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