Department Department Chain 2011 This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 605(b) and 6058(a) of the Internal Revenue Code (InterCode). This form is open to Public Inspection Periors Department of Liberty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. This form is open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2011 a one-participant plan For calendar plan year 2011 or fiscal plan year are beginning and ond return/report is: the first return/report a short plan year return/report (less than 12 months) DFVC program B This form sequired to be filled under section in the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Special extension (enter description) DFVC program DFVC program TANGERINE TRAVEL LTD Annue of plan Into Travelogit plan number (PN) 001 1C Effective date of plan 0101/1993 Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Zb Employer Identification Number (PN) 001 10617 JUA		Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
Description of table Description of table (Amanzak) The Form is Open to Public Inspection Part L Annual Report Clearing (Council) • Compare all notices in accordance with the instructions to the Form 5500-SF The form is Open to Public Inspection Part L Annual Report Clearing (Council) • Compare all notices in accordance with the instructions to the Form 5500-SF The return instruction is to return in the first returning on the first		Internal Revenue Can inc					2011			
Part I Accurate second entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information and ending 12312011 A This return/report is for: If a single-employer print I and ending 12312011 a one-participant plan B This return/report is for: If a single-employer print I and ending a band plan year return/report I as information DFVC program Part II Annual Report Identification Information a band plan year return/report I as information DFVC program Special actionsion (enter description) If a single Plan Information enter all requested information 10 Three-digit plan number I and requested information 1A Norme of plan TANGENINE TRAVEL LTD AGINE PROFIT SHARING PLAN D Three-digit plan number I and address; include room or sube number (employer, if for a single-employer plan) 2b Employer Identification Number I and address; include room or sube number (employer, if for a single-employer plan) 2b 2b Special outprint of hard address; include room or sube number (employer, if for a single-employer plan) 2b 2b Special outprint of hard address; include room or sube number (employer, if for a single-employer plan) 2b 2b Special outprint of hard address; include room or sube number (employerin "Smer) 2c Special	Er		SA), and sections 6057(b) and 6058((a) of This Form is Open to Public						
For centering pairs year 2011 or fitsed plan year beginning 0.101/2011 andending 1201/2011 A This returniteport is for: a single-employer plan a numble-omployer plan (nort multilemployer) a one-participant plan B This returniteport is for: b first returniteport a numble-omployer plan (nort multilemployer) a one-participant plan C Check box if filing under: From 5568 automatic extension DPVC program A This returniteport as an endod returniteport a single-employer plan 10 TANGERNE TRAVEL LTD of the All MCPT SHARING PLAN 10 Three-digit plan number 001 C Part II Basic Plan Information -enter all requested information 11 11 Three-digit plan number C And CERNE TRAVEL LTD of the All MCPT SHARING PLAN 10 Three-digit plan number 001 C 20 Francescher and address; include room or suite number (employer, if for a single-employer plan) 12 C Emposition and address; include room or suite number (employer, if for a single-employer plan) C 20 Francescher and address; include room or suite number (employer, if for a single-employer plan, enter the INA NOODINVLE WY NE SUTE 201 20 C Aministrator's number (employer, if for a single-employer plan) C Antimistrator's nume and address; include room or suite number (P									
A This return/report is: a single-employer plan a nutliple-employer plan (not multiemployer) a one-participant plan B This return/report is: b the first terur/report a the first terur/report a the first terur/report C Cack box if filing under: C Form SSS automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number TANGERINE_TRAVEL LTD dott PROFIT SHARING PLAN 1b Three-digit plan number 001 28 Filen approach nees and address; include room or sule number (employer, if for a single-employer plan) 2b Employer formitation Number (EMPORT SHARING PLAN 2017 JUANTA WOODINVILLE WY NE 2016 Strates 25 Sponsof's terms and address; include room or sule number (employer, if for a single-employer plan) 2b Employer formitation Number (EMPORT SHARING PLAN 2017 JUANTA WOODINVILLE WY NE 1017 JUANTA WOODINVILLE WY NE 2c Sponsof's terms and address; if same as plan sponsor, enter "Same") 3b 2d Buriness code (see instruction) 30 Han administrator's name and address; if same as plan sponsor, enter "Same") 3c Administrator's name and address; if same as plan sponsor, enter "Same") 3c Administrator's tell 3c Administrator's tell 3c <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>										
A The Instructure point is: In the first eturinization is under the point mean display. Paint with mean display is paint with mean display. Paint with mean display is paint with mean display. Paint with mean display is paint with mean display. Paint with mean display is paint with mean display. Paint with mean display is paint with mean display. Paint with mean display is paint with mean display. Paint with mean display e		5				2/31/2				
C Check box if filing under:		· .		•			a one-participant plan			
C Check box if filing unde: Form 5558 juborial extension DFVC program Part II Basic Plan Information—extent arequested information 1 Three-digit plan number (mittig) 001 1a Name of plan TANGENIKE TRAVEL LID 401K PROFIT SHARING PLAN 1 Three-digit plan number (mittig) 001 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer (denilication Number (EN), 91-1416251 2c Sponsor's 2000 1a NAMERINE TRAVEL LTD 001 2c Sponsor's 2000 2b Employer (denilication Number (EN), 91-1416251 2c Sponsor's 2000 1a NAMCENIK TRAVEL LTD 001 001 001 001 001 1a TANGENIK TRAVEL LTD 001 001 001 001 001 001 1a TANGENIK TRAVEL LTD 001 </th <th>B</th> <th>This return/report is:</th> <th></th> <th></th> <th>•</th> <th></th> <th></th>	B	This return/report is:			•					
Part II Basic Plan Information				•	, , , , , , , , , , , , , , , , , , , ,	onths)	-			
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) > 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 0.001/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 911416221 2a Plan administrator's name and address (if same as plan sponsor, enter "Same") 2b Employer Identification Number (EIN) 911416221 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (EIN) 911416221 3c Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (EIN) 911416221 3c Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (EIN) 911416221 3c Tata number of participants at the beginning of the plan year 5a 5a Total number of participants at the beginning of the plan year 5a 6a Were all of the plan's assets during the plan queri invested in eligible assets? (See instructions). If we IN 9 Kere all of the fain's assets 7a 17 Van Assets and Liabilities 7a 17 Van Assets and Liabilities 7a 17 Vain Assets and Liabilities	C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
13 Name of plan TANGERINE TRAVEL LTD. 401K PROFIT SHARING PLAN 10 Three-digit (PN) ▶ 001 23 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TANGERINE TRAVEL LTD 10 Effective date of plan 01071/933 001 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TANGERINE TRAVEL LTD 21 Effective date of plan 01071/10ANTA WOODINVLLE WV NE SUITE 201 BOTHELL, WA 98011 22 Sponsor's steephone number 429-822-2233 34 Plan administrator's name and address (if same as plan sponsor, enter "Same") 10017 JUANTA WOODINVLE WV NE SUITE 201 BOTHELL, WA 98011 3b Administrator's FIN 91-1416251 35 Bonsor's name 54 If the name andror EIN of the plan sponsor, enter "Same") 10017 JUANTA WOODINVLE WV NE SUITE 201 BOTHELL, WA 98011 3b Administrator's FIN 91-1416251 36 Administrator's tellog-hone number 425-822-2333 3c 4d 41 If the name andror EIN of the plan sponsor, enter "Same") 10017 JUANTA WOODINVLE WV NE SUITE 201 BOTHELL, WA 98011 3b Administrator's FIN 91-1416251 36 Total number of participants at the end of the plan year. 4b EN 37 Plan adming a vaker of the plan year invested in eigble asset? (Sce instructions). EV res 5d 36			· · ·	,						
TANGERINE TRAVEL LTD 401K PROFT SHARING PLAN plen number 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan TANGERINE TRAVELUTD 2b Employer Identification Number 2c Sponsor's telephone number 1001/11/93 2c Sponsor's telephone number 2c Sponsor's telephone number 1001/11/93 2d Bunsteinstator's name and address (if same as plan sponsor, enter "Same") 3d Administrator's telephone number 1001/11/001/11/001/11/000 SUITE 201 3d Administrator's telephone number 2d Bunsteinstator's name 3c Administrator's telephone number 3d Plan administrator's name 4c PN 3d Total number of participants at the edit of the plan year 5b 6c 3d Plan administrator's religibility and conditions.) Q'Yes No 1f void number of participants at the edit of an independent qualified public accountant (QCPA) Q'Yes No 1f void number of participants at the edit of an independent qualified public accountant (QCPA) Q'Yes No 1f void number of participants at the edit of an independent qualified public accountant (QCPA) Q'Yes No 1f void number of participants in the plan year Sc Sc			nation—enter all requested information	ation		46				
image: include intervention of the plan source of the plan sector (DPA) Image: The plan sector sector of the plan sector (DPA)			OFIT SHARING PLAN			10	5			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer learningtaion Number (EN) 140/17993 2b Employer learningtaion Number (EN) 2b Employer learningtaion Number (EN) 140/17993 2b Employer learningtaion Number (EN) 91/1410251 2c Sponsor's biophone number (2D) 2c Sponsor's biophone number (2D) 3d Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (2D) 3d Plan administrator's name and address (if same as plan sponsor has changed since the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report. 3c Administrator's telephone number (2D) 3d Total number of participants at the end of the plan spensor, easi the end of the plan spensor. 5a 6d 3d Total number of participants at the end of the plan spensor environ environ environs (2D) Yes No 3d Total number of participants at the end of the plan spensor environ environs (2D) Yes No 3d	IANC									
TANGERINE TRAVEL LTD (EIN) 91-1416251 10017. JUANITA WOODINVILLE WY NE SUTTE 201 BOTHELL, WA 98011 2C Sponsor's telephone number 425-822-2333 2d Business code (see instructions) 561500 3b Administrator's name and address (if same as plan sponsor, enter "Same") TANGERINE TRAVEL LTD 3b Administrator's Component State 2017 2014 NUM WOODINVILLE WY NE BOTHELL, WA 98011 3b Administrator's Elephone number 425-822-233 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. 3b Administrator's Elephone number 425-822-233 5a Total number of participants at the edig of the plan year. 5a 6d 6a Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sponsor: Step Plan, Sponsor: Step Plan, Pla					-	1c	•			
TANGERINE TRAVEL LTD (EIN) 91-1416251 16017 JUANITA WOODINVILLE WY NE SUTTE 201 BOTHELL, WA 98011 2C Sponso's telephone number 428-22-2333 2d Business code (see instructions) 561500 3b Administrator's EIN 91-1416251 3a Pan administrator's name and address (if same as plan sponsor, enter "Same") TANGERINE TRAVEL LTD 3b Administrator's EIN 91-1416251 3c Administrator's 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. 3b Administrator's EIN 90-1416251 3c Number of participants at the beginning of the plan year. 5a 5b 6c 5c 5b 6c 5b 6c 5c 5c 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Mere all Mere Mere </th <th></th> <th></th> <th>ess; include room or suite number (er</th> <th>mployer, if</th> <th>for a single-employer plan)</th> <th>2b</th> <th></th>			ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b				
16017. JUANITA WOODINVILLE WY NE SUITE 201 BOTHELL, WA 98011 425-822-2333 2d Business code (see instructions) S61500 2d Business code (see instructions) S61500 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TANGERINE TRAVEL LTD 3b Administrator's EIN 911-1416251 3d Han administrator's name and address (if same as plan sponsor, enter "Same") TANGERINE TRAVEL LTD 3b Administrator's telephone number 405-822-2333 4 If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's telephone number 405-822-2333 5a Total number of participants at the beginning of the plan year. 5a 6d 5a Total number of participants at the end of the plan year (defined benefit plans do not complete this item). 5g 5g 6a Were all of the plan sasets during the plan year invested in eligible assets? (See instructions). M Yes [] No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-FF and must instead use Form 5500. Yes [] No If you assets and Liabilities M Yes [] No If you assets and Liabilities M Yes [] No If you assets and Liabilities M Yes [] No If you assets (subtract line 7b from line 7a). Yes [] No If you assets (subtract line 7b from line 7a). Yes [] No If you assets (subtract line 7b from line 7a). Yes [] No If you assets (subtract line 7b from line 7a). Yes [] No If you assets (subtract line 7b from line 7a).	TAN	GERINE TRAVEL LTD					(EIN) 91-1416251			
SUTE 201 BOTHELL, WA 98011 2d Business code (see instructions) 561500 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 14017 JUANITA WOODIN/LLE WY NE SUTE 201 BOTHELL, WA 98011 3b Administrator's EIN S11418251 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3b Administrator's telphone number 425-622-2333 5a Total number of participants at the beginning of the plan year. 5a 5a Total number of participants at the end of the plan year. 5a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets, and Liabilities 7a 14502827 14502827 14502856 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (c) Participants 8a(1) (d) Dense (including rollovers) 8a(2) 12863 (d) Others (including rollovers) 8a(2) 12863 (e) Ent of Year (b) Total 14502856 8 Income, Expenses, and Transfers for this	1601					2c				
TANGERINE TRAVEL LTD 16017 JUANITA WOODINVILLE WY NE SUTE 201 BOTHELL, WA 98011 91.1415251 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 form the last return/report. 3C Administrator's telephone number 425-822-2333 5a 5a 64 b Total number of participants at the end of the plan year. 5a 64 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sc 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). M Yes No b A rey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions. M Yes No Part III Financial Information 7a 1452827 1459285 7 Plan Assets and Liabilities 7a 1452827 1459285 5 Total plan isabilities. 7b 1459285 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(2) 2128503 6 Income, (add lines 8a(1), 8a(2), 8a(3), and db) 8c </th <th>SUIT</th> <th>E 201</th> <th></th> <th></th> <th>-</th> <th>2d</th> <th>. ,</th>	SUIT	E 201			-	2d	. ,			
BOTHELL, WA 98011 3C Administrator's telephone number 428/22/233 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 a Sponsor's name 4c PN 5a 5a 6a b Total number of participants at the beginning of the plan year. 5a c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5a c Number of participants with account balances as of the end of an independent qualified public accountant (IOPA) under 20 CFR 2520.104-467 (See instructions.) Yes No b Ares all of the plan sasets Yes (and the plan sasets are the plan year invested in eligible assets? (See instructions.) Yes No r Yes (b) End of Year Yes (b) End of Year Yes (b) End of Year 7 Plan Assets and Liabilities 7a 1452827 a Total plan lassits. 7a 1452827 c Net plan assets (subtract line 7b from line 7a). 7c 1452827 c Net plan assets (subtract line 7b from line 7a). 7c 1452827 c Net plan assets (subtract line 7b from line 7a). 7c 1452827 c Net plan assets (subtract line 7b from line 7a). 7c 14						3b				
name, EIN, and the plan number from the last return/report. 4C PN 5a Soponsor's name 5a 64 5a Total number of participants at the beginning of the plan year. 5b 66 5a Total number of participants at the end of the plan year. 5b 66 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). Yes No Part III Financial Information Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan isbilities. 7a 1452827 1459285 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 123864 (2) Participants				A 98011	-	3c				
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 64 b Total number of participants at the end of the plan year 5a 64 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 65 c Number of participants aware of the annual examination and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No mader 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No ryou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Pert III Fart III Financial Information Yes 1 7 Plan Assets and Liabilities 7a 1452827 a Total plan assets. 7a 1452827 1459285 b Total number (line 7b form line 7a) 7c 1452827 1459285 c Net plan assets (subtract line 7b form line 7a) 7c 1452827 1459285 d Contributions received or receivable from: 8a(1) (1) (1) Employers 8a(2) 128503 (3) Others (including rollovers) 8a(2) 128503 (3) Others (including rollovers and insurance premiums add 104649 123884 c Total income (add lines 8	4			ast return/ı	report filed for this plan, enter the	4b	EIN			
5a Total number of participants at the beginning of the plan year 5a 6a 6a b Total number of participants at the end of the plan year 5a 6a c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 5c 6a 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) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No Yes No Part III Financial Information (a) Beginning of Year (b) End of Year 1459285 Total plan liabilities 7a 1452827 1459285 1459285 b Total plan liabilities 7c 1459285 1459285 1459285 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total (2) Participants 8a(2) 128503 1459285 1459285 <td< th=""><th>2</th><th colspan="8"></th></td<>	2									
b Total number of participants at the end of the plan year 5b 6c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M is good based on the plan's assets during the plan year invested in eligible assets? (See instructions.) M is good based on the plan's assets during the plan year invested in eligible assets? (See instructions.) M is good based on the plan's assets during the plan year invested in eligible assets? (See instructions.) M is good based on the plan's assets and Liabilities are invested in eligible assets? (See instructions.) M is good bassets. M is good based on the plan's assets and Liabilities. M is good based on the plan's assets. M is good based on the plan's ass		1	the beginning of the plan year							
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 52 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No 5c 52 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No moder 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. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1452827 1459285 b Total plan assets (subtract line 7b from line 7a). 7c 1452827 1459285 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 128503 (2) Participants 8a(2) 128503 12864 b	-				-					
complete this item) 52 52 52 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Complete this item) Image: Com			1 ,			30	02			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Control of the				5c	52					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes 🗌 No			
If you answered "No" to either fa or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 1452827 1459285 b Total plan liabilities. 7b	b						X Yes 🗌 No			
7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a14528271459285bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c145282714592858Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(1)Employers8a(2)128503(3)Others (including rollovers)8a(3)21265bOther income (loss)8b-25884cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c123884dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d104649eCertain deemed and/or corrective distributions (see instructions)8e1720fAdministrative service providers (salaries, fees, commissions)8f11057gOther expenses8g117426hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h117426	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
aTotal plan assets7a14528271459285bTotal plan liabilities7b1459285cNet plan assets (subtract line 7b from line 7a)7c145282714592858Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)(a) Amount(b) Total(2) Participants8a(2)128503128503(3) Others (including rollovers)8a(3)21265212884b-258848b-25884123884cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c1123884dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d104649eCertain deemed and/or corrective distributions (see instructions)8e1720fAdministrative service providers (salaries, fees, commissions)8f111057gOther expenses8g0117426hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h117426	Pa	rt III Financial Informa	ation							
aTotal plan liabilities	7	Plan Assets and Liabilities								
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	1452827	_	1459285			
Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (a) Amount (b) Total (2) Participants 8a(2) 128503 (a) Amount (b) Total (3) Others (including rollovers) 8a(3) 21265 (b) Other income (loss) (c) Total income (loss) (c) Total income (loss) (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 123884 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 104649 123884 e Certain deemed and/or corrective distributions (see instructions) 8e 1720 11057 g Other expenses 8g 1104649 117426	b	•		7b	1150007	_	1150005			
a Contributions received or receivable from: a (1) Employers Ba(1) (2) Participants Ba(2) (3) Others (including rollovers) Ba(3) 21265 b b Other income (loss) Bb -25884 -25884 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd e Certain deemed and/or corrective distributions (see instructions) Be 1720 f Administrative service providers (salaries, fees, commissions) Bf 11057 g Other expenses Bg 117426 h Total expenses (add lines 8d, 8e, 8f, and 8g) Bh 10469		•		7c	1452827	_				
Ba(1) Ba(1) (2) Participants 8a(2) 128503 (3) Others (including rollovers) 8a(3) 21265 b Other income (loss) 8b -25884 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 123884 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 104649 e Certain deemed and/or corrective distributions (see instructions) 8e 1720 f Administrative service providers (salaries, fees, commissions) 8f 11057 g Other expenses 8g 117426 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2155	-				(a) Amount	_	(b) Total			
(2) Participants8a(2)128503(3) Others (including rollovers)8a(3)21265b Other income (loss)8b-25884c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c123884d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d104649e Certain deemed and/or corrective distributions (see instructions)8e1720f Administrative service providers (salaries, fees, commissions)8f11057g Other expenses8g117426h Total expenses (add lines 8d, 8e, 8f, and 8g)8h117426	a			8a(1)						
(3) Others (including rollovers)8a(3)21265b Other income (loss)8b-25884c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c123884d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d104649e Certain deemed and/or corrective distributions (see instructions)8e1720f Administrative service providers (salaries, fees, commissions)8f11057g Other expenses8g117426h Total expenses (add lines 8d, 8e, 8f, and 8g)8h117426					128503					
bOther income (loss)					21265					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 104649 e Certain deemed and/or corrective distributions (see instructions) 8e 1720 f Administrative service providers (salaries, fees, commissions) 8f 11057 g Other expenses	b	Other income (loss)			-25884					
to provide benefits) 8d 104649 e Certain deemed and/or corrective distributions (see instructions) 8e 1720 f Administrative service providers (salaries, fees, commissions) 8f 11057 g Other expenses 8g 117426 h Total expenses (add lines 8d, 8e, 8f, and 8g)	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			123884			
e Certain deemed and/or corrective distributions (see instructions) 8e 1720 f Administrative service providers (salaries, fees, commissions) 8f 11057 g Other expenses	d	Benefits paid (including direct i	ollovers and insurance premiums	8d	104649					
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 117426	е	• •		8e	1720					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service provider	s (salaries, fees, commissions)	8f	11057					
	g	Other expenses		8g						
Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			117426			
	i	Net income (loss) (subtract line	e 8h from line 8c)	8i			6458			
j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (se	ee instructions)	8j						

Page 2 - 1

Part IV Plan Characteristics

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

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 150000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 8650 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 71977 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes No (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 instructions, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х 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 control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(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 HERE	Filed with authorized/valid electronic signature.	07/19/2012	ANGELA D. LEPLEY
	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

Filing Authorization for the 2011 Form 5500-SF

Name of Plan: Tangerine Travel, Ltd. 401(k) Profit Sharing Plan

EIN: 91-1416251

Plan Year Ending: 12-31-2011

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Transamerica to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 2 of the Form 5500-SF and provide a scanned copy of that signature page to Transamerica before the electronic filing can be initiated;
- Transamerica will retain a copy of this written authorization in its records;
- Transamerica will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 2 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Transamerica shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:	Chedo Dunley	Date: 7/18/2012
-		D .

Employer/Plan Sponsor (if not the Plan Administrator): _____Date:_____

PART II Acknowledgement of Receipt of Authorization

(signature and title)

On behalf of Transamerica, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Transamerica:

_____ Date: _____

The designated service provider must retain this authorization. Do not submit this form to the DOL unless requested to do so.

	Form 5500-SF	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	This form is required to be file	•	2011	_				
	Department of Labor	e (a) of							
_	mployee Benefits Security Administration		Inspection						
		Complete all entries in accorr lentification Information	dance wit	h the instructions to the Form 550	0-SF.		—		
	calendar plan year 2011 or fisca		01/01/2	011 and ending		12/31/2011			
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 m	onths))			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
		special extension (enter description	' on)						
Pa	art II Basic Plan Inform	nation—enter all requested inform	ation				_		
1 a	Name of plan				1b	Three-digit			
	TANGERINE TRAVEL LI	D 401k PROFIT SHARING	PLAN			plan number (PN) ▶ 001			
					1c	Effective date of plan			
			-			01/01/1993			
2a	Plan sponsor's name and addre TANGERINE TRAVEL LT	ess; include room or suite number (e 'D	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1416251			
					2c	Sponsor's telephone number (425) 822-2333			
	16017 JUANITA WOODI SUITE 201 BOTHELL	NVILLE WY NE		WA 98011	2d	Business code (see instructions) 561500			
3a	Plan administrator's name and	address (if same as plan sponsor, e	nter "Same		3b	Administrator's EIN	_		
	SAME				30	A			
_					3c Administrator's telephone number				
4		lan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	4b EIN			
а	name, EIN, and the plan numb	er from the last return/report.			4c	DN			
a Sponsor's name 5a Total number of participants at the beginning of the plan year							64		
		5b							
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 					50				
	complete this item)	·		5c		52			
				(See instructions.)			0		
D				ident qualified public accountant (IQF ions.)			0		
r	If you answered "No" to eithe	er 6a or 6b, the plan cannot use F		SF and must instead use Form 550					
Pa	rt III Financial Informa	ition					_		
7	Plan Assets and Liabilities				_	(b) End of Year			
a L	•			1,452,82		1,459,28	35		
b	•	b from line 7a)	7b 7c	1,452,82	7	1 150 20	25		
<u> </u>	Income, Expenses, and Transfe		70		+	1,459,28	55		
a	Contributions received or received			(a) Amount		(b) Total			
			8a(1)						
	(2) Participants		8a(2)	128,50	3				
(3) Others (including rollovers)		8a(3)	21,26	5					
b			8b	(25,884)				
c		Ba(2), 8a(3), and 8b)	8c		_	123,88	34		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			104,64	9				
е					0				
f Administrative service providers (salaries, fees, commissions)				11,05	-				
g						Service States			
h	Total expenses (add lines 8d, 8	enses (add lines 8d, 8e, 8f, and 8g)				117,42	26		
i		8h from line 8c)				6,45	58		
j	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 -

Part IV Plan Characteristics

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

Part V Compliance Questions

10	Du	ring the plan year:				Yes	No	A	mount	
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.)						x			
С	W	as the plan covered by a fidelity bond?			10c	Х			15	0,000
d		d the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?			10d		х			
e	ins	ere any fees or commissions paid to any brokers, agents, or other pro- surance service or other organization that provides some or all of the structions.)	benefits under the	plan? (See	10e	X		-		8,650
f	Ha	is the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g	Х		71,977		
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		х			
i		10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements 00))							Yes	No No
12	s	this a defined contribution plan subject to the minimum funding requ	irements of section	412 of the Code	or se	ction :	302 of	ERISA?	Yes	X No
		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а	If a	waiver of the minimum funding standard for a prior year is being an	nortized in this plan	year, see instruc	tions,	and e	enter th	e date of the	letter ruli	ng
lf	granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	-	ter the minimum required contribution for this plan year		-		Г	12b			
		ter the amount contributed by the employer to the plan for this plan				_ Г	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)									
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted in any plan year?						es X No		
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	over this year			3a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С		luring this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	his plan to another	olan(s), identify th	ne pla	n(s) to	1			
1	13c(*	1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
Caul	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonab	e cau	ise is	establ	ished.		
Unde SB o	er pe or Sc	nalties of perjury and other penalties set forth in the instructions, I d hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.	leclare that I have e	xamined this retu	ırn/rej	oort, ir	ncludin	g, if applicabl		
		CalaDisola	1 18 2012	Angel		\mathcal{D}	10	DRI		
SIG		Signature of plan administrator	1 10 20 12 Date	Enter name of in		ual sin		s plan admini	etrator	

HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	(me la D. Looples	7/18/2012	Angela D. Lepley
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor