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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art i Annual Report Identification information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	2011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return/report	the final re	eturn/report					
	an amended return/report	a short pla	ın year return/report (less than 12 m	onths)				
С	Check box if filing under: X Form 5558	automatic	extension		DFVC prograi	m		
	special extension (enter description	on)						
P	art II Basic Plan Information—enter all requested inform							
	Name of plan	ation		1b	Three-digit			
	FRONTIER GROUP, INC., 401(K) RETIREMENT SAVINGS PLAN				plan number			
					(PN) ▶	001		
				1c	Effective date of	•		
22	Dian ananger's name and address include room or suite number (a	malayar if	for a single employer plan)	26	01/01/			
	Plan sponsor's name and address; include room or suite number (e FRONTIER GROUP, INC.	mpioyer, ii	for a single-employer plan)	20	Employer Identification (EIN) 93-094			
				20	Sponsor's teleph	none number		
eess	WHITMAN ST NE				253-927			
	OMA, WA 98422			2d	Business code (see instructions)			
					42391	0		
	Plan administrator's name and address (if same as plan sponsor, el		.")	3b	Administrator's E			
IHE	FRONTIER GROUP, INC. 6623 WHITM TACOMA, W.			30	93-094	elephone number		
				30	253-927			
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4.				
	Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year		5a					
	Total number of participants at the end of the plan year	5b	b					
С	Number of participants with account balances as of the end of the promplete this item)		•	5c		2		
62	Were all of the plan's assets during the plan year invested in eligib					X Yes No		
	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)			X Yes No		
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	art III Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End	of Year 101381		
1-	Total plan assets		37000			101301		
D	·		37680			101381		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c			4.7			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal		
u	(1) Employers	. 8a(1)	41697					
	(2) Participants	. 8a(2)	22000					
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)		4					
b c	,	. 8b	4			63701		
_	Other income (loss)	. 8b				63701		
c d	Other income (loss)	. 8b	0			63701		
c d	Other income (loss)	8b 8c 8d 8e	0			63701		
c d	Other income (loss)	8b 8c 8d 8e	0 0 0			63701		
c d	Other income (loss)	8b 8c 8d 8e 8f 8g	0					
c d e f	Other income (loss)	8b 8c 8d 8e 8f 8g 8h	0 0 0			0		
c d e f g	Other income (loss)	8b 8c 8d 8e 8f 8g 8h	0 0 0					

Dort IV	Dian 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 2G 2J 2R 3D 2T 2F 2A

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If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

t V Compliance Questions							
During the plan year:		Yes	No		An	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)	d 1 0b		X				
Was the plan covered by a fidelity bond?	10c	X					5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	d 10d		X				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500))						Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X 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 ins granting the waiver	onth						
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Γ		1			
Enter the minimum required contribution for this plan year			12b				
Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I			12c				
negative amount)		-	12d	 		NI-	
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	S	No	N/A
t VII Plan Terminations and Transfers of Assets					71		
A Has a resolution to terminate the plan been adopted in any plan year?	_			Yes	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	············ '	13a					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?						Yes	X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the pla	an(s) to)				
13c(1) Name of plan(s):		13	c(2) [EIN(s)		13c(3) PN(s)
tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	esta	blished.			

SIGN	Filed with authorized/valid electronic signature.	08/14/2012	JOHN MORIOKA
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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefil Guaranty Corporation

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).

2011 This Form is Open to Public Inspection

	Tail Alitical Report Identification intormation	cordance	with the instructions to the Form 5	00-SF		
_	For calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending		10/21/20	7 -
	A This return/report is for: a single-employer plan	-	iple-employer plan (not multiemployer		12/31/20	
	B This return/report is:	<u> </u>	al return/report	,	a one-partic	ipant plan
	an amended return/report	=	plan year return/report (less than 12 r			
(C Check box if filing under: Form 5558	land.		nonth	promp	
	special extension (enter descrip		atic extension		DFVC progra	am
Г	Part II Basic Plan Information—enter all requested infor	ouon)				
1	a Name of plan	mation		1 41		
	THE FRONTIER GROUP, INC., 401(K) RETIRE	יתואים אוי		1b	Three-digit	
	SAVINGS PLAN		plan number (PN)	001		
	was a second of the second of	1c	Effective date o			
_2	a Plan sponsor's name and address: include				01/01/200	7
	a Plan sponsor's name and address; include room or suite number THE FRONTIER GROUP, INC.	(employer	, if for a single-employer plan)	2b	Employer Identif	fication Number
	,			<u> </u>	(EIN) 93-094	
	6600			2c	Sponsor's telept	hone number
	6623 WHITMAN ST NE			24	(253) 927-	
_	TACOMA		WA 98422	20	Business code (s	see instructions)
3	a Plan administrator's name and address (if same as plan sponsor, of SAME.	enter "San	ne')	3b	Administrator's E	IN
	51113					-114
				3с	Administrator's to	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return	/report filed for this plan, enter the	4b		
	the last return/report.		man plan, onter the	40	EIN	···
	Sponsor's name			4c	PN	
1	Total number of participants at the beginning of the plan year	5a		3		
	the plant of participation at the citation the plant year	5b		3		
	Number of participants with account balances as of the end of the complete this item).	_				
62	Were all of the plan's assets during the plan year invested in eligib	5c		2		
b	The feet of the state of the st	mala at a constant at the second			X Yes No	
	with the state of	and couds	tions)			X Yes No
P	if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information	orm 5500	-SF and must instead use Form 550	10.		<u> </u>
7	Plan Assets and Liabilities	T				
	Total plan assets		(a) Beginning of Year		(b) End o	f Year
b	Total plan liabilities	7a	37,680			101,381
C	Net plan assets (subtract line 7b from line 7a)			-		
8	Income, Expenses, and Transfers for this Plan Year	7c	37,680			101,381
a	Contributions received or receivable from:		(a) Amount	↓	(b) To	tal
	(1) Employers	8a(1)	41,697			
	(2) Participants	8a(2)	22,000			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b			9	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Вс				63 701
d	Benefits paid (including direct rollovers and insurance premiums			 		63,701
6	to provide benefits).	8d	0			
	Certain deemed and/or corrective distributions (see instructions)	8e	0			
1	Administrative service providers (salaries, fees, commissions)	- 8f	0			
g h	Other expenses	8 g	0			
i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i				63,701
-	to (manny and profit (age filatitudifield))	a. I				

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	-	OINT 5500-SF 2011	Page 2	2 - [
	t IV	Plan Characteristics										
9a	If the	plan provides pension benefits, enter the applicable pension fi E 2G 2J 2R 3D 2T 2F 2A	feature codes from t	he Li	st of Plan	Characteri	istic C	odes in	the instru	ctions:		
b		plan provides welfare benefits, enter the applicable welfare fea	ature codes from th	e List	of Plan C	haracteris	tic Co	des in t	he instruct	ions:		
Part	V	Compliance Questions										
10	Durin	g the plan year:					Yes	No	1			
a	Was 29.0	there a failure to transmit to the plan any participant contribution	ons within the time	period	d describe	d in	163			Amou	nţ	,
b	vvere	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduc there any nonexempt transactions with any party-in-interest? e 10a.)	(Do not include ten				-	Х			<u> </u>	
C	Was	the plan covered by a fidelity bond?		• • • • • • • • • • • • • • • • • • • •		10b	7,	Х				
d	Did th	ne plan have a loss, whether or not reimbursed by the plan's fit honesty?	dolibe bood 4b -4			ud	Х				5	,00
e	Were	any fees or commissions paid to any brokers, agents, or other		••••••		10d		Х				
_	HISUIE	ance service or other organization that provides some or all of ctions.)	the honofile under a		0.10	10e i		х				
f	Has th	ne plan failed to provide any benefit when due under the plan?	>			10f		Х	· · · · · · · · · · · · · · · · · · ·	~~~		
g	Did th	e plan have any participant loans? (If "Yes," enter amount as o	of year end.)			10g		х	•			
П	If this 2520.	is an individual account plan, was there a blackout period? (Se	ee instructions and	29 ÇI	FR			.,			~	
	IT TUN	was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-3	required notice or a	nn of	itha	10h		Х				
art \		ension Funding Compliance				101						
1	ls this	a defined benefit plan subject to minimum funding requiremen	its? (If "Yes," see in	struct	ions and o	omplete S	Schedu	ıle SB	(Form			
	//		********************				-4	********		Ye		No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plantage of the minimum funding standard for a prior year is being amortized in this plantage.											
•	-	**************************************	** ** * * * * * * * * * * * * * * * * *		D. F	lonth		Day_	date of the	ear	runny	
		npleted line 12a, complete lines 3, 9, and 10 of Schedule M he minimum required contribution for this plan year	ne (Form 5500), an	id ski	p to line 1	3.		· · · ·				
C E	Enter ti	he amount contributed by the employer to the plan for this plan	**************************************		•••••••	•••••••		12b				
u s	suptrac	of the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	ue ci	an to the le	AL AL		12c			·	
•	oguair	o amounty			••••••		. [2d	, p	,	_	
rt V	'II	minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	runding deadline?	*******					Yes	No	1 1	N/A
la H		esolution to terminate the plan been adopted in any plan year?						7 0-	- [12]b)			
ł	f "Yes,	enter the amount of any plan assets that reverted to the empl	lover this year			13		Ye	s X No			
b v	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control											
Yes X No Which 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.)												
		me of plan(s):					13c(2) EIN(s)	13c(3	NO I	(e)
								-,	- <u> </u>		77 1 141	(5)
utior	1: A pe	analty for the late or incomplete filing of this return/report	will be assessed .	ınles	e rassara	blo es	. io	4- l- *: - *				
aer p	enaitie	S Of Deriury and other penalties set forth in the instructions. I d	dealara that I have a		manufath to the	Accessed to						
		e MB completed and signed by an enrolled actuary, as well as a correct, and complete.	s the electronic vers	ion of	f this return	n/report, a	ind to	iaing, i the bes	applicable t of my kne	e, a Sch owledge	edule and	€
GN/	_	+4 A1		JOHN	N MORIO	OKA		·				
RE\	l e:		7									

SIGN		JOHN MORIOKA
HERE Signature of plan administrator	Date 6-72-12	Enter name of individual signing as plan administrator
SIGN	•	JOHN MORIOKA
HERE Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor