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

2012

This Form is Open to Public Inspection

Pa		Annual Report Identification Information							
For c	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 1	2/31/2	2012				
A T	his ret	urn/report is for: 🗵 a single-employer plan 🔲 a multiple-employer plan	(not multiemployer)	rer) a one-participant plan					
B T	his ret	urn/report is:							
		an amended return/report a short plan year return/re	eport (less than 12 m	onths)	1				
C 0	heck b	pox if filing under: Form 5558 automatic extension			DFVC progra	ım			
special extension (enter description)									
Par	rt II	Basic Plan Information—enter all requested information							
		of plan		1b	Three-digit				
SKYTA	AP RE	TIREMENT PLAN			plan number	001			
				1c	(PN) FEFFECTIVE date o				
					07/01	•			
	Plan sp AP, IN	consor's name and address; include room or suite number (employer, if for a single-em	nployer plan)	2b	Employer Identi (EIN) 20-53	fication Number 71037			
710 1		VE., SUITE 1130		2c	Sponsor's telep				
SEAT	TLE, W	VA 98104		2d	Business code (see instructions)			
3a 1	Plan ad	dministrator's name and address XSame as Plan Sponsor Name Same as Plan S	ponsor Address	3b	Administrator's				
				0-					
				3C	Administrator's	telephone number			
		name and/or EIN of the plan sponsor has changed since the last return/report filed for t	his plan, enter the	4b	EIN				
		EIN, and the plan number from the last return/report. or's name		4c	PN				
		number of participants at the beginning of the plan year		5a		49			
b	Total n	number of participants at the end of the plan year		5b		75			
		er of participants with account balances as of the end of the plan year (defined benefit							
_		ete this item)		5c		32 			
		all of the plan's assets during the plan year invested in eligible assets? (See instruction or claiming a waiver of the annual examination and report of an independent qualified p				X Yes No			
		29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				X Yes No			
	If you	answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF an	id must instead use	Form	5500.				
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed un	less reasonable cau	ıse is	established.				
SB o	r Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have ex- edule MB completed and signed by an enrolled actuary, as well as the electronic versio true, correct, and complete.							
SIGN		Filed with authorized/valid electronic signature. 06/27/2013 S	SCOTT A. ROZA						
HER	E	Signature of plan administrator Date	Enter name of individ	ual siç	ıning as plan adr	ninistrator			
SIGN	1								
HER	E	Signature of employer/plan sponsor Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor			
Prep	arer's i	name (including firm name, if applicable) and address; include room or suite number (o				number (optional)			

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Eı	nd of Y	ear		
a	Total plan assets	7a	44978				(,		74923	3	_
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	449782						74923	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(1)								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	21446	88							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	8498	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29945°	<u> </u>	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							29945	1	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	tic Code	es in	the inst	ruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	c Codes	in t	he instru	ictions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	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 or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan				+	X					
				10f							
g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (<u>, </u>	10g		X					
	2520.101-3.)			10h		X					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes		No
<u>11a</u>	Enter the amount from Schedule SB line 39				11	la					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA?		Yes	X	Vo
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon			ter th Day	e date o	of the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		- 1		1				
b	Enter the minimum required contribution for this plan year				12	2b					

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

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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	Mary .	9 12012012						
A This ret		nultiple-employer pla	n (not multiemployer)	mployer) a one-participant plan				
B This ret		final return/report						
	an amended return/report	hort plan year return	report (less than 12 mo	onths)				
C Check b	oox if filing under: Form 5558 au	tomatic extension		DFVC program				
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	n		700				
1a Name	POSOTA ESPACIACIÓN	*		1b Three-digit				
SKYTAP RE	TIREMENT PLAN			plan number (PN) ▶ 001				
				1c Effective date of plan				
		1001	1977	07/01/2008				
2a Plan sp SKYTAP, IN	consor's name and address; include room or suite number (emp C.	loyer, if for a single-e	employer plan)	2b Employer Identification N (EIN) 20-5371037	umber			
				2c Sponsor's telephone num	nber			
710 - 2ND A	VE., SUITE 1130			(206) 866-1162				
SEATTLE, V	NA 98104	5005		2d Business code (see instri 541519	uctions)			
3a Plan a	dministrator's name and address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Administrator's EIN	,			
				3c Administrator's telephone	e number			
			e.					
	name and/or EIN of the plan sponsor has changed since the last , EIN, and the plan number from the last return/report.	return/report filed fo	r this plan, enter the	4b EIN				
	or's name			4c PN				
	number of participants at the beginning of the plan year			5a	49			
b Total i	number of participants at the end of the plan year			5b	75			
	er of participants with account balances as of the end of the plar ete this item)			5c	32			
	all of the plan's assets during the plan year invested in eligible a							
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQF	PA)				
	29 CFR 2520.104-46? (See instructions on waiver eligibility and				s 📗 No			
	answered "No" to either line 6a or line 6b, the plan cannot							
	A penalty for the late or incomplete filing of this return/repor				N 2525			
SB or Sche	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic vers	sion of this return/report,	ort, including, if applicable, a Si , and to the best of my knowled	chedule ge and			
	· Star	1/1/12	VI C # 1	Row				
SIGN HERE	× oun	19415	X Scott A					
HEINE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan administrato	Ţ			
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan	sponsor			
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer's telephone number	(optional)			
	9			10				
I .								

2910-00-10-10-010-9 023-05 09

Га	rt III Financial Information						2016
_7	Plan Assets and Liabilities		(a) Beginning of Yea	er			(b) End of Year
a	Total plan assets	7a	44978	2			749233
b	Total plan liabilities	7b	No.				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	44978	2			749233
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-741	100 100 100 100 100 100 100 100 100 100	20			
-	(1) Employers	8a(1)		0			
196	(2) Participants	8a(2)	21446	8	#	-	
	Other income (loss)	8a(3)	12.722		-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	8498	3	_		
	Benefits paid (including direct rollovers and insurance premiums	8c			-		299451
u	to provide benefits)	8d					
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			III.		
i	Net income (loss) (subtract line 8h from line 8c)	8i				****	299451
j	Transfers to (from) the plan (see instructions)	8i				0.000	
Pa	rt IV Plan Characteristics					-	
9a	Total Control of the	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:
	2E 2G 2J 2K 3D 2T		s We have though the relation to the con-				and the second of the second of the second s
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	ic Cod	les in t	he instructions:
Pai	t V Compliance Questions			_			
Fai	t v Compliance Questions						
40	During the class year:			-	V		
10	During the plan year: Was there a failure to transmit to the plan any participant contributions.	tions withi	n the lime period described in		Yes	No	Amount
	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions withi	n the time period described in rection Program)	10a	Yes	No X	Amount
	Was there a failure to transmit to the plan any participant contribu	uciary Cor t? (Do not	rection Program)include transactions reported	10000000	Yes		Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest	uciary Cor t? (Do not	rection Program)include transactions reported	10a	Yes	х	Amount
- t	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not fidelity bo	include transactions reported	10a 10b	Yes	x x	Amount
- k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported mod, that was caused by fraud s by an insurance carrier,	10a 10b 10c	Yes	x x	Amount
k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported mod, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	x x x	Amount
k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	x x x	Amount
- k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bo	rection Program)	10a 10b 10c 10d 10e 10f	Yes	x x x	Amount
6	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bo	include transactions reported include transactions reported include transactions reported include transactions reported includes that was caused by fraud in s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	x x x	Amount
- t	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bo	include transactions reported include transactions reported include transactions reported include transactions reported include transactions and sections and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	x x x x	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at 11 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the bene as of year of	include transactions reported include transactions reported include transactions reported include transactions reported include transactions and by fraud include the plan? (See include inclu	10a 10b 10c 10d 10e 10f 10g	Yes	x x x x x	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plated by Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 times.	fidelity bo ner person of the bene s of year of (See instruction)	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at 11 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the bene s of year of (See instru-	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Scheck	X X X X X X X X X X X X X X X X X X X	
t C C C C C C C C C	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to 1 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bo ner person of the bene as of year of (See instru-	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h	Scheco	X X X X X X X Aule SE	G (Form Yes No
t	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to this is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bo ner person of the bene as of year of (See instru-	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h	Scheco	X X X X X X X Aule SE	G (Form Yes No
f Par 11 11 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat of the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bo ner person of the bene is of year of (See instru- he require 1-3	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schecetion 3	X X X X X X X Aule SE	G (Form Yes No
f Par 11 11 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is beil granting the waiver.	fidelity both fidelity fidel	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schecetion 3	X X X X X X X Aule SE	G (Form Yes No
f G G G G G G G G G G G G G G G G G G G	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to to providing the notice applied under 29 CFR 2520.10 to this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below if a waiver of the minimum funding standard for a prior year is beither the standard for a prior year	fidelity bo mer person of the bene ns of year of (See instraction he require 1-3	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i nplete	Schection;	X X X X X X A X A A A A A A A A A A A A	G (Form Yes No ERISA? Yes No

	Form 5500-SF 2012 Page 3 - 1					
	Enter the amount contributed by the employer to the plan for this plan year	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		-		-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		ή,	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?	$\Box\Box$	Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			☐ Ye	s 🛭 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	_				
1	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)	120		5. ×××		
14a N	lame of trust	14b T	rust's	EIN		-