Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ECOVA 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ECOVA

309 SW 6TH AVE., STE. 1000
PORTLAND, OR 97204

309 SW 6TH AVE., STE. 1000
PORTLAND, OR 97204

2b Employer Identification Number (EIN)
91-1701028

2c Sponsor's telephone number
971-201-4196

2d Business code (see instructions)
541990

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 accompanying schedules, statements and attachments, 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.	10/04/2013	JULIE KEARNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2013	JULIE KEARNEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

ECOVA

309 SW 6TH AVE., STE. 1000
PORTLAND, OR 97204

3b Administrator's EIN
91-1701028

3c Administrator's telephone number
971-201-4196

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:

a Sponsor's name
ADVANTAGE IQ, INC.

4b EIN
91-1701028

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	1058
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1341
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	160
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1501
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1501
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1309
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3F 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☐	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ECOVA 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ECOVA

D Employer Identification Number (EIN)
91-1701028

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	50570	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT EQUITY INC - AMERICAN CENTU 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON SMALL CAP - DST SYSTEMS, INC. 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROWN SMALL CO INV - ALPS FUND SERV 20-3247785	0.40%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON LG CAP VALUE A - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS CHARTER A - INVESCO AIM INVEST 98-0557567	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD INV - INVESCO AIM I 98-0557567	0.50%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FLEXIBLE BD T - JANUS SERVICE 43-1804048	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FORTY S - JANUS SERVICES LLC 43-1804048	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS OVERSEAS S - JANUS SERVICES L 43-1804048	0.50%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY LGCP GR R1 - NYLIM SERVICE 52-2206685	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH P - MORGAN STANLE 13-3799749	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB SOCIALLY RESP TR - STATE STREET 04-0025081	0.40%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SM CAP VAL - NORTHERN TRUS 36-2723087	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PAX WORLD BAL IND - PNC GLOBAL INVE 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL S - JANUS SERVIC 43-1804048	0.50%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RTN 3 AD - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RAINIER SM/MID CAP - U.S. BANCORP F P.O. BOX 701 MILWAUKEE, WI 53201	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS EMERGING MKTS A - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL DA P.O. BOX 8480 BOSTON, MA 02266	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP EQUITY INC ADV - T. ROWE PRICE 52-2269240	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: BARNES DENNIG

b EIN: 31-1119890

c Position: ACCOUNTANT

d Address: 150 EAST FOURTH STREET
CINCINNATI, OH 45202

e Telephone: 513-241-8313

Explanation: PREFERRED TO ENGAGE W/A LOCAL FIRM VS ACROSS COUNTRY

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ECOVA 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ECOVA

D Employer Identification Number (EIN)
91-1701028

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	583433	544899
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	271642	449237
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14526699	23299691
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15381774	24293827
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15381774	24293827

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2251257	
(B) Participants	2a(1)(B)	4134952	
(C) Others (including rollovers)	2a(1)(C)	2066582	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8452791
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	68	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6323	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6391
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	592055	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		592055
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1858688
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10909925
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1942930	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1942930
f Corrective distributions (see instructions)	2f		125
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	746	
(4) Other	2i(4)	54071	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		54817
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1997872
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8912053
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELAP LLP **(2)** EIN: 93-0418710

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		377443
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ECOVA 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ECOVA

D Employer Identification Number (EIN)
91-1701028

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Ecova 401(k) Savings Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2012 and 2011

Ecova 401(k) Savings Plan

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Schedules	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	12
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13 - 15

delap

503 697 4118 — DELAPCPA.COM — 5885 MEADOWS ROAD, No. 200 — LAKE OSWEGO, OR 97035

Independent Auditors' Report

To the Benefits Plan Administration Committee
Ecova 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ecova 401(k) Savings Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2012 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

The supplemental schedules, as listed in the accompanying table of contents, as of and for the year ended December 31, 2012 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Other Matter - 2011 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 10, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

DELAP LLP

September 30, 2013

Ecova 401(k) Savings Plan

Statements of Net Assets Available For Benefits

December 31, 2012 and 2011

	2012	2011
Assets		
Investments at fair value		
Mutual funds	$ 23,299,691	$ 14,526,699
Money market fund	544,899	583,433
Total investments at fair value	23,844,590	15,110,132
Receivables		
Participant contributions	-	15,396
Employer contribution	-	8,750
Notes receivable from participants	449,237	271,642
Total receivables	449,237	295,788
Net Assets Available for Benefits	$ 24,293,827	$ 15,405,920

The accompanying notes are an integral part of the financial statements.

Ecova 401(k) Savings Plan

Statements of Changes in Net Assets Available For Benefits

Years Ended December 31, 2012 and 2011

	2012	2011
Additions to Net Assets Attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 1,858,688	$ (947,187)
Interest	68	93
Dividends	592,055	438,870
Total investment income (loss) - net	2,450,811	(508,224)
Interest income on notes receivable from participants	6,323	9,297
Contributions		
Participant salary deferrals	4,119,556	2,729,937
Employer	2,242,507	1,454,381
Participant rollovers	2,066,582	686,758
Total contributions	8,428,645	4,871,076
Transfers of net assets into the Plan	-	3,710,367
Total Additions	10,885,779	8,082,516
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,943,055	1,219,858
Administrative expenses	54,817	40,319
Total Deductions	1,997,872	1,260,177
Net Increase	8,887,907	6,822,339
Net assets available for benefits - beginning of year	15,405,920	8,583,581
Net Assets Available for Benefits - End of Year	$ 24,293,827	$ 15,405,920

The accompanying notes are an integral part of the financial statements.

Ecova 401(k) Savings Plan

Notes to Financial Statements

Years Ended December 31, 2012 and 2011

1. Description of the Plan

The following description of the Ecova 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established for the benefit of eligible employees of Ecova, Inc. (the Employer). In 2011, Advantage IQ, Inc. and Ecos IQ, Inc. merged under the name Ecova, Inc. Subsequently, on February 12, 2012, the Plan was amended to change the name of the Plan from Advantage IQ 401(k) Savings Plan to the Ecova 401(k) Savings Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Fidelity Management Trust Company ("the Trustee" or "Fidelity") is the appointed trustee of the Plan's assets.

Eligibility

Employees, who are not union employees or non-resident aliens, are eligible to participate in the Plan upon attaining the age of eighteen. Qualifying employees may participate in the Plan on the first day of each month following the date they meet the eligibility requirements.

Contributions

Participants may elect to defer up to 75% of their eligible compensation on a pre-tax or after-tax basis, subject to current Internal Revenue Code (IRC) limitations. If a participant does not make a deferral election – or does not decline to participate – within 30 days of entering the Plan, 3% of the participant's eligible compensation is automatically deferred. The Employer has elected to make safe harbor matching contributions that match 100% of the first 3% of eligible employee compensation and 50% of the next 2% of eligible employee compensation.

In addition, the Employer may make additional discretionary matching contributions, discretionary nonelective contributions, or qualified matching or nonelective contributions. Additional discretionary matching contributions would be allocated based on a percentage of eligible employee compensation for the Plan year, not to exceed 4%. Discretionary nonelective contributions would be calculated using an integrated allocation formula taking into account Social Security wages, and qualified matching or nonelective contributions would be allocated to non-highly compensated employees for nondiscrimination compliance purposes. The Employer did not make additional discretionary matching contributions, discretionary nonelective contributions, or qualified matching or nonelective contributions during the years ended December 31, 2012 and 2011.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant accounts

Each participant's account is credited (charged) with the participant's contributions and allocations of (a) the Employer's contributions, (b) Plan earnings (losses), and (c) administrative expenses. Earnings (losses) for each investment fund are allocated to participants' accounts based on the individual participant's account balance as compared to the total balance of the related investment fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of the Plan (Continued)

Vesting

Participants are immediately 100% vested in their voluntary salary contributions, and any Employer safe harbor matching, additional matching, and discretionary contributions and the actual earnings (losses) thereon.

Forfeitures

As of December 31, 2012 and 2011, forfeited nonvested accounts were approximately $14,000 and $11,000, respectively. These accounts will first be used to pay Plan expenses and secondarily used as a reduction of future Employer contributions.

Notes receivable from participants

Participants may elect to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, unless used to acquire the participant's principal residence, in which case the term may be extended up to 10 years. The loans bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Interest rates on notes receivable from participants outstanding as of December 31, 2012 ranged from 4.25% to 6.50%.

Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, distributions of vested amounts less than $1,000 under the Plan are made in a lump-sum. If the terminated participant's vested balance exceeds $1,000 but is less than $5,000, and the participant does not elect to receive a distribution, the Plan permits the plan administrator to make a distribution directly to an individual retirement account set up on the participant's behalf. For vested amounts greater than $5,000, the Plan permits a participant to elect distribution by lump-sum. Upon reaching age 59½, participants may make in-service withdrawals of part or all of their elective contributions, including the related earnings (losses).

Administrative expenses

At the Employer's discretion, administrative expenses of the Plan may be paid directly by the Employer; certain other administrative expenses may be paid by the Plan.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Summary of Significant Accounting Policies (Continued)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management of the Plan (Management) to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment income recognition

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to prior year balances to conform to the current year presentation.

Subsequent events

Management has evaluated, for potential recognition or disclosure in the financial statements, subsequent events that have occurred through September 30, 2013, which is the date that the financial statements were available to be issued.

3. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements, notes, and supplemental schedules was obtained from data that was prepared and certified to as complete and accurate by the Trustee and has not been audited by the Plan's independent auditors:

- Mutual funds
- Money market fund
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Investments representing 5% or more of net assets available for benefits
- Schedule H, line 4i - Schedule of Assets (Held at End of Year)

4. Investments

All investments are participant-directed. Investments representing 5% or more of the Plan's net assets available for benefits as of December 31, 2012 or 2011 were as follows:

	2012	2011
Fidelity Freedom 2025 Fund	$ 1,883,138	$ 1,036,753
Fidelity Freedom 2045 Fund	1,556,636	874,825
Fidelity Freedom 2040 Fund	1,553,519	785,160
Fidelity Freedom 2035 Fund	1,547,142	*
Fidelity Freedom 2020 Fund	1,450,490	880,388
Fidelity Freedom 2030 Fund	1,445,712	845,919
Fidelity Low Priced Stock Fund	*	915,123
Fidelity Contrafund	*	803,879

* Investment did not represent 5% or more of net assets available for benefits as of either December 31, 2012 or 2011.

5. Fair Value Measurements

GAAP defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about fair value measurements. The hierarchy of fair value valuation techniques under GAAP provides for three levels: Level 1 provides the most reliable measure of fair value, whereas Level 3, if applicable, generally would require significant management judgment. The three levels for categorizing assets and liabilities under GAAP's fair value measurement requirements are as follows:

Level 1: Fair value of the asset or liability is determined using unadjusted quoted prices in active markets for identical assets or liabilities;

Level 2: Fair value of the asset or liability is determined using inputs other than quoted prices that are observable for the applicable asset or liability, either directly or indirectly, such as quoted prices for similar (as opposed to identical) assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; and

Level 3: Fair value of the asset or liability is determined using unobservable inputs that are significant to the fair value measurement and reflect the Plan's own assumptions regarding the applicable asset or liability.

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2012 and 2011.

Money market fund – The money market fund is stated at cost, which approximates fair value.

Mutual funds - The fair value of investments held in mutual funds is based on the quoted net asset value (NAV) of shares held by the Plan at year-end.

5. Fair Value Measurements (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2012 and 2011:

	Level 1	Level 2	Level 3	Total
2012				
Mutual funds				
Mid/Large cap equity	$ 18,351,151	$ -	$ -	$ 18,351,151
Fixed income	2,148,426	-	-	2,148,426
International equity	1,871,550	-	-	1,871,550
Small cap equity	928,564	-	-	928,564
Money market fund	544,899	-	-	544,899
Total investments	$ 23,844,590	$ -	$ -	$ 23,844,590

	Level 1	Level 2	Level 3	Total
2011				
Mutual funds				
Mid/Large cap equity	$ 11,211,087	$ -	$ -	$ 11,211,087
Fixed income	1,758,963	-	-	1,758,963
International equity	1,261,712	-	-	1,261,712
Small cap equity	294,937	-	-	294,937
Money market fund	583,433	-	-	583,433
Total investments	$ 15,110,132	$ -	$ -	$ 15,110,132

All of the Plan's investments provide for daily redemption at the prior day's NAV, with no advance notification requirements or significant redemption restrictions.

6. Related Party Transactions

Certain of the Plan's investments are invested in funds offered by the Trustee. Therefore, transactions involving these investments qualify as party-in-interest.

The Employer is the sponsor of the Plan and paid some of the administrative expenses of the Plan during the years ended December 31, 2012 and 2011. In addition, the Plan administrator is a participant in the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

8. Tax Status

The Plan adopted a prototype defined contribution retirement plan (the Prototype Plan) developed by Fidelity. The Internal Revenue Service (IRS) has determined and informed Fidelity by a letter dated March 31, 2008 that the Prototype Plan is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying 2012 financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. An IRS audit was completed on August 26, 2013 for the Plan years ended December 31, 2011 and 2010, and the tax returns were accepted as filed. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2012 based on the results of the most recent IRS audit.

9. Risks and Uncertainties

The Plan invests in various investment instruments which are exposed to certain risks such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the Plan's investments will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements and supplemental schedules.

10. Reconciliation of Financial Statements to the Form 5500

The following are reconciliations of net assets available for benefits, participant contributions, and employer contributions according to the financial statements to the Form 5500 as of and for the years ended December 31, 2012 and 2011:

	2012	2011
Net assets available for benefits according to the financial statements	$ 24,293,827	$ 15,405,920
Participant contributions receivable - end of year	-	(15,396)
Employer contributions receivable - end of year	-	(8,750)
Net assets available for benefits according to the Form 5500	$ 24,293,827	$ 15,381,774
Total participant contributions according to the financial statements	$ 4,119,556	$ 2,729,937
Participant contributions receivable - end of year	-	(15,396)
Participant contributions receivable - beginning of year	15,396	-
Total participant contributions according to the Form 5500	$ 4,134,952	$ 2,714,541
Total employer contributions according to the financial statements	$ 2,242,507	$ 1,454,381
Employer contributions receivable - end of year	-	(8,750)
Employer contributions receivable - beginning of year	8,750	-
Total employer contributions according to the Form 5500	$ 2,251,257	$ 1,445,631

Ecova 401(k) Savings Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2012

EIN: 91-1701028 Plan Number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
	$ -	$ -	$ 26,687	$ 350,756

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
*	Fidelity Management Trust Company (FMTC)	Fidelity Freedom 2025 Fund	**	$ 1,883,138
*	FMTC	Fidelity Freedom 2045 Fund	**	1,556,636
*	FMTC	Fidelity Freedom 2040 Fund	**	1,553,519
*	FMTC	Fidelity Freedom 2035 Fund	**	1,547,142
*	FMTC	Fidelity Freedom 2020 Fund	**	1,450,490
*	FMTC	Fidelity Freedom 2030 Fund	**	1,445,712
*	FMTC	Fidelity Low Priced Stock	**	1,161,815
*	FMTC	Fidelity Contrafund	**	1,127,333
*	FMTC	Fidelity Freedom 2050 Fund	**	981,516
	American Century Investments Management, Inc.	American Century Investments Equity Income Fund Investor Class	**	898,861
*	FMTC	Fidelity Blue Chip Growth Fund	**	861,744
*	FMTC	Fidelity International Discovery Fund	**	725,346
*	FMTC	Spartan U.S. Bond Index Fund - Investor Class	**	570,893
*	FMTC	Fidelity Diversified International Fund	**	529,009
*	FMTC	Spartan 500 Index Fund - Investor Class	**	526,417
	Pacific Investment Management Company LLC (PIMCO)	PIMCO Total Return Fund Administrative Class	**	486,435
*	FMTC	Fidelity Small Cap Discovery Fund	**	475,082
*	FMTC	Fidelity Leveraged Company Stock Fund	**	467,677
	Neuberger Berman Management LLC	Neuberger Berman Socially Responsive Fund Trust Class	**	460,242
	New York Life Investment Management LLC	MainStay Large Cap Growth Fund Class R1	**	435,755
*	FMTC	Fidelity Capital & Income Fund	**	363,313
*	FMTC	Fidelity Freedom 2015 Fund	**	346,727
	Brown Capital Management, LLC	Brown Capital Management Small Company Fund Investor Class	**	299,865

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year) (Continued)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds (Continued)				
*	FMTC	Fidelity Puritan Fund	**	$ 268,440
*	FMTC	Fidelity Canada Fund	**	234,069
	RS Investment Management Co. LLC (RSIMC)	RS Partners Fund Class A	**	216,061
	RSIMC	RS Emerging Markets Fund Class A	**	195,027
	Janus Capital Management LLC (Janus)	Janus Forty Fund Class S	**	194,432
	Janus	Janus Flexible Bond Fund Class T	**	157,293
*	FMTC	Spartan Extended Market Index Fund - Investor Class	**	144,700
*	FMTC	Fidelity Export and Multinational Fund	**	144,248
*	FMTC	Fidelity High Income Fund	**	142,466
	Janus	Janus Overseas Fund Class S	**	134,702
	BAMCO Inc.	Baron Small Cap Fund	**	131,601
	PIMCO	PIMCO Total Return III Fund Administrative Class	**	110,042
*	FMTC	Fidelity Inflation-Protected Bond Fund	**	105,441
*	FMTC	Fidelity Asset Manager 50%	**	100,662
	Morgan Stanley Investment Management Inc.	Morgan Stanley Institutional Mid Cap Growth Fund Class P	**	99,310
*	FMTC	Fidelity Freedom 2000 Fund	**	94,144
*	FMTC	Fidelity Freedom 2010 Fund	**	83,523
	Invesco Advisers, Inc.	Invesco Charter Fund Class A	**	78,065
	Perkins Investment Management LLC	Perkins Mid Cap Value Fund Class S	**	74,700
	Boston Management and Research	Eaton Vance Large-Cap Value Fund Class A	**	68,997
*	FMTC	Fidelity Government Income Fund	**	65,390
	Invesco Advisers, Inc.	Invesco Diversified Dividend Fund Investor Class	**	62,947

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year) (Continued)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds (Continued)				
*	FMTC	Spartan International Index Fund - Investor Class	**	$ 53,399
*	FMTC	Fidelity Freedom 2055 Fund	**	50,433
	T. Rowe Price Associates, Inc.	T. Rowe Price Equity Income Fund Advisor Class	**	33,112
*	FMTC	Fidelity Freedom Income Fund	**	32,890
	Northern Trust Investments Inc.	Northern Small Cap Value Fund	**	22,016
*	FMTC	Fidelity Freedom 2005 Fund	**	20,118
	Pax World Management LLC	Pax World Balanced Individual Investor Class Fund	**	17,865
*	FMTC	Fidelity Fund	**	8,931
	Total mutual funds			23,299,691
Money Market Fund				
*	FMTC	Fidelity Money Market Trust Retirement Money Market Portfolio	**	544,899
Notes Receivable from Participants				
*	Participant Loans	Notes receivable from participants, with maturity dates ranging from January 2013 to July 2022 and interest rates of 4.25% to 6.50%	–	449,237
Total				$ 24,293,827

* A party-in-interest as defined by ERISA.

** Cost information not required for participant-directed accounts.

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

Ecova 401(k) Savings Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2012 and 2011

Ecova 401(k) Savings Plan

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
Supplemental Schedules	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	12
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13 - 15

delap

503 697 4118 — DELAPCPA.COM — 5885 MEADOWS ROAD, No. 200 — LAKE OSWEGO, OR 97035

Independent Auditors' Report

To the Benefits Plan Administration Committee
Ecova 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ecova 401(k) Savings Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2012 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

The supplemental schedules, as listed in the accompanying table of contents, as of and for the year ended December 31, 2012 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Other Matter - 2011 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 10, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

DELAP LLP

September 30, 2013

Ecova 401(k) Savings Plan

Statements of Net Assets Available For Benefits

December 31, 2012 and 2011

	2012	2011
Assets		
Investments at fair value		
Mutual funds	$ 23,299,691	$ 14,526,699
Money market fund	544,899	583,433
Total investments at fair value	23,844,590	15,110,132
Receivables		
Participant contributions	-	15,396
Employer contribution	-	8,750
Notes receivable from participants	449,237	271,642
Total receivables	449,237	295,788
Net Assets Available for Benefits	$ 24,293,827	$ 15,405,920

The accompanying notes are an integral part of the financial statements.

Ecova 401(k) Savings Plan

Statements of Changes in Net Assets Available For Benefits

Years Ended December 31, 2012 and 2011

	2012	2011
Additions to Net Assets Attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 1,858,688	$ (947,187)
Interest	68	93
Dividends	592,055	438,870
Total investment income (loss) - net	2,450,811	(508,224)
Interest income on notes receivable from participants	6,323	9,297
Contributions		
Participant salary deferrals	4,119,556	2,729,937
Employer	2,242,507	1,454,381
Participant rollovers	2,066,582	686,758
Total contributions	8,428,645	4,871,076
Transfers of net assets into the Plan	-	3,710,367
Total Additions	10,885,779	8,082,516
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,943,055	1,219,858
Administrative expenses	54,817	40,319
Total Deductions	1,997,872	1,260,177
Net Increase	8,887,907	6,822,339
Net assets available for benefits - beginning of year	15,405,920	8,583,581
Net Assets Available for Benefits - End of Year	$ 24,293,827	$ 15,405,920

The accompanying notes are an integral part of the financial statements.

Ecova 401(k) Savings Plan

Notes to Financial Statements

Years Ended December 31, 2012 and 2011

1. Description of the Plan

The following description of the Ecova 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established for the benefit of eligible employees of Ecova, Inc. (the Employer). In 2011, Advantage IQ, Inc. and Ecos IQ, Inc. merged under the name Ecova, Inc. Subsequently, on February 12, 2012, the Plan was amended to change the name of the Plan from Advantage IQ 401(k) Savings Plan to the Ecova 401(k) Savings Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Fidelity Management Trust Company ("the Trustee" or "Fidelity") is the appointed trustee of the Plan's assets.

Eligibility

Employees, who are not union employees or non-resident aliens, are eligible to participate in the Plan upon attaining the age of eighteen. Qualifying employees may participate in the Plan on the first day of each month following the date they meet the eligibility requirements.

Contributions

Participants may elect to defer up to 75% of their eligible compensation on a pre-tax or after-tax basis, subject to current Internal Revenue Code (IRC) limitations. If a participant does not make a deferral election – or does not decline to participate – within 30 days of entering the Plan, 3% of the participant's eligible compensation is automatically deferred. The Employer has elected to make safe harbor matching contributions that match 100% of the first 3% of eligible employee compensation and 50% of the next 2% of eligible employee compensation.

In addition, the Employer may make additional discretionary matching contributions, discretionary nonelective contributions, or qualified matching or nonelective contributions. Additional discretionary matching contributions would be allocated based on a percentage of eligible employee compensation for the Plan year, not to exceed 4%. Discretionary nonelective contributions would be calculated using an integrated allocation formula taking into account Social Security wages, and qualified matching or nonelective contributions would be allocated to non-highly compensated employees for nondiscrimination compliance purposes. The Employer did not make additional discretionary matching contributions, discretionary nonelective contributions, or qualified matching or nonelective contributions during the years ended December 31, 2012 and 2011.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant accounts

Each participant's account is credited (charged) with the participant's contributions and allocations of (a) the Employer's contributions, (b) Plan earnings (losses), and (c) administrative expenses. Earnings (losses) for each investment fund are allocated to participants' accounts based on the individual participant's account balance as compared to the total balance of the related investment fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of the Plan (Continued)

Vesting

Participants are immediately 100% vested in their voluntary salary contributions, and any Employer safe harbor matching, additional matching, and discretionary contributions and the actual earnings (losses) thereon.

Forfeitures

As of December 31, 2012 and 2011, forfeited nonvested accounts were approximately $14,000 and $11,000, respectively. These accounts will first be used to pay Plan expenses and secondarily used as a reduction of future Employer contributions.

Notes receivable from participants

Participants may elect to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, unless used to acquire the participant's principal residence, in which case the term may be extended up to 10 years. The loans bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Interest rates on notes receivable from participants outstanding as of December 31, 2012 ranged from 4.25% to 6.50%.

Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, distributions of vested amounts less than $1,000 under the Plan are made in a lump-sum. If the terminated participant's vested balance exceeds $1,000 but is less than $5,000, and the participant does not elect to receive a distribution, the Plan permits the plan administrator to make a distribution directly to an individual retirement account set up on the participant's behalf. For vested amounts greater than $5,000, the Plan permits a participant to elect distribution by lump-sum. Upon reaching age 59½, participants may make in-service withdrawals of part or all of their elective contributions, including the related earnings (losses).

Administrative expenses

At the Employer's discretion, administrative expenses of the Plan may be paid directly by the Employer; certain other administrative expenses may be paid by the Plan.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Summary of Significant Accounting Policies (Continued)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management of the Plan (Management) to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment income recognition

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to prior year balances to conform to the current year presentation.

Subsequent events

Management has evaluated, for potential recognition or disclosure in the financial statements, subsequent events that have occurred through September 30, 2013, which is the date that the financial statements were available to be issued.

3. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements, notes, and supplemental schedules was obtained from data that was prepared and certified to as complete and accurate by the Trustee and has not been audited by the Plan's independent auditors:

- Mutual funds
- Money market fund
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Investments representing 5% or more of net assets available for benefits
- Schedule H, line 4i - Schedule of Assets (Held at End of Year)

4. Investments

All investments are participant-directed. Investments representing 5% or more of the Plan's net assets available for benefits as of December 31, 2012 or 2011 were as follows:

	2012	2011
Fidelity Freedom 2025 Fund	$ 1,883,138	$ 1,036,753
Fidelity Freedom 2045 Fund	1,556,636	874,825
Fidelity Freedom 2040 Fund	1,553,519	785,160
Fidelity Freedom 2035 Fund	1,547,142	*
Fidelity Freedom 2020 Fund	1,450,490	880,388
Fidelity Freedom 2030 Fund	1,445,712	845,919
Fidelity Low Priced Stock Fund	*	915,123
Fidelity Contrafund	*	803,879

* Investment did not represent 5% or more of net assets available for benefits as of either December 31, 2012 or 2011.

5. Fair Value Measurements

GAAP defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about fair value measurements. The hierarchy of fair value valuation techniques under GAAP provides for three levels: Level 1 provides the most reliable measure of fair value, whereas Level 3, if applicable, generally would require significant management judgment. The three levels for categorizing assets and liabilities under GAAP's fair value measurement requirements are as follows:

Level 1: Fair value of the asset or liability is determined using unadjusted quoted prices in active markets for identical assets or liabilities;

Level 2: Fair value of the asset or liability is determined using inputs other than quoted prices that are observable for the applicable asset or liability, either directly or indirectly, such as quoted prices for similar (as opposed to identical) assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; and

Level 3: Fair value of the asset or liability is determined using unobservable inputs that are significant to the fair value measurement and reflect the Plan's own assumptions regarding the applicable asset or liability.

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2012 and 2011.

Money market fund – The money market fund is stated at cost, which approximates fair value.

Mutual funds - The fair value of investments held in mutual funds is based on the quoted net asset value (NAV) of shares held by the Plan at year-end.

5. Fair Value Measurements (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2012 and 2011:

	Level 1	Level 2	Level 3	Total
2012				
Mutual funds				
Mid/Large cap equity	$ 18,351,151	$ -	$ -	$ 18,351,151
Fixed income	2,148,426	-	-	2,148,426
International equity	1,871,550	-	-	1,871,550
Small cap equity	928,564	-	-	928,564
Money market fund	544,899	-	-	544,899
Total investments	$ 23,844,590	$ -	$ -	$ 23,844,590

	Level 1	Level 2	Level 3	Total
2011				
Mutual funds				
Mid/Large cap equity	$ 11,211,087	$ -	$ -	$ 11,211,087
Fixed income	1,758,963	-	-	1,758,963
International equity	1,261,712	-	-	1,261,712
Small cap equity	294,937	-	-	294,937
Money market fund	583,433	-	-	583,433
Total investments	$ 15,110,132	$ -	$ -	$ 15,110,132

All of the Plan's investments provide for daily redemption at the prior day's NAV, with no advance notification requirements or significant redemption restrictions.

6. Related Party Transactions

Certain of the Plan's investments are invested in funds offered by the Trustee. Therefore, transactions involving these investments qualify as party-in-interest.

The Employer is the sponsor of the Plan and paid some of the administrative expenses of the Plan during the years ended December 31, 2012 and 2011. In addition, the Plan administrator is a participant in the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

8. Tax Status

The Plan adopted a prototype defined contribution retirement plan (the Prototype Plan) developed by Fidelity. The Internal Revenue Service (IRS) has determined and informed Fidelity by a letter dated March 31, 2008 that the Prototype Plan is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying 2012 financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. An IRS audit was completed on August 26, 2013 for the Plan years ended December 31, 2011 and 2010, and the tax returns were accepted as filed. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2012 based on the results of the most recent IRS audit.

9. Risks and Uncertainties

The Plan invests in various investment instruments which are exposed to certain risks such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the Plan's investments will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements and supplemental schedules.

10. Reconciliation of Financial Statements to the Form 5500

The following are reconciliations of net assets available for benefits, participant contributions, and employer contributions according to the financial statements to the Form 5500 as of and for the years ended December 31, 2012 and 2011:

	2012	2011
Net assets available for benefits according to the financial statements	$ 24,293,827	$ 15,405,920
Participant contributions receivable - end of year	-	(15,396)
Employer contributions receivable - end of year	-	(8,750)
Net assets available for benefits according to the Form 5500	$ 24,293,827	$ 15,381,774
Total participant contributions according to the financial statements	$ 4,119,556	$ 2,729,937
Participant contributions receivable - end of year	-	(15,396)
Participant contributions receivable - beginning of year	15,396	-
Total participant contributions according to the Form 5500	$ 4,134,952	$ 2,714,541
Total employer contributions according to the financial statements	$ 2,242,507	$ 1,454,381
Employer contributions receivable - end of year	-	(8,750)
Employer contributions receivable - beginning of year	8,750	-
Total employer contributions according to the Form 5500	$ 2,251,257	$ 1,445,631

Ecova 401(k) Savings Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2012

EIN: 91-1701028 Plan Number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
	$ -	$ -	$ 26,687	$ 350,756

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
*	Fidelity Management Trust Company (FMTC)	Fidelity Freedom 2025 Fund	**	$ 1,883,138
*	FMTC	Fidelity Freedom 2045 Fund	**	1,556,636
*	FMTC	Fidelity Freedom 2040 Fund	**	1,553,519
*	FMTC	Fidelity Freedom 2035 Fund	**	1,547,142
*	FMTC	Fidelity Freedom 2020 Fund	**	1,450,490
*	FMTC	Fidelity Freedom 2030 Fund	**	1,445,712
*	FMTC	Fidelity Low Priced Stock	**	1,161,815
*	FMTC	Fidelity Contrafund	**	1,127,333
*	FMTC	Fidelity Freedom 2050 Fund	**	981,516
	American Century Investments Management, Inc.	American Century Investments Equity Income Fund Investor Class	**	898,861
*	FMTC	Fidelity Blue Chip Growth Fund	**	861,744
*	FMTC	Fidelity International Discovery Fund	**	725,346
*	FMTC	Spartan U.S. Bond Index Fund - Investor Class	**	570,893
*	FMTC	Fidelity Diversified International Fund	**	529,009
*	FMTC	Spartan 500 Index Fund - Investor Class	**	526,417
	Pacific Investment Management Company LLC (PIMCO)	PIMCO Total Return Fund Administrative Class	**	486,435
*	FMTC	Fidelity Small Cap Discovery Fund	**	475,082
*	FMTC	Fidelity Leveraged Company Stock Fund	**	467,677
	Neuberger Berman Management LLC	Neuberger Berman Socially Responsive Fund Trust Class	**	460,242
	New York Life Investment Management LLC	MainStay Large Cap Growth Fund Class R1	**	435,755
*	FMTC	Fidelity Capital & Income Fund	**	363,313
*	FMTC	Fidelity Freedom 2015 Fund	**	346,727
	Brown Capital Management, LLC	Brown Capital Management Small Company Fund Investor Class	**	299,865

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year) (Continued)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds (Continued)				
*	FMTC	Fidelity Puritan Fund	**	$ 268,440
*	FMTC	Fidelity Canada Fund	**	234,069
	RS Investment Management Co. LLC (RSIMC)	RS Partners Fund Class A	**	216,061
	RSIMC	RS Emerging Markets Fund Class A	**	195,027
	Janus Capital Management LLC (Janus)	Janus Forty Fund Class S	**	194,432
	Janus	Janus Flexible Bond Fund Class T	**	157,293
*	FMTC	Spartan Extended Market Index Fund - Investor Class	**	144,700
*	FMTC	Fidelity Export and Multinational Fund	**	144,248
*	FMTC	Fidelity High Income Fund	**	142,466
	Janus	Janus Overseas Fund Class S	**	134,702
	BAMCO Inc.	Baron Small Cap Fund	**	131,601
	PIMCO	PIMCO Total Return III Fund Administrative Class	**	110,042
*	FMTC	Fidelity Inflation-Protected Bond Fund	**	105,441
*	FMTC	Fidelity Asset Manager 50%	**	100,662
	Morgan Stanley Investment Management Inc.	Morgan Stanley Institutional Mid Cap Growth Fund Class P	**	99,310
*	FMTC	Fidelity Freedom 2000 Fund	**	94,144
*	FMTC	Fidelity Freedom 2010 Fund	**	83,523
	Invesco Advisers, Inc.	Invesco Charter Fund Class A	**	78,065
	Perkins Investment Management LLC	Perkins Mid Cap Value Fund Class S	**	74,700
	Boston Management and Research	Eaton Vance Large-Cap Value Fund Class A	**	68,997
*	FMTC	Fidelity Government Income Fund	**	65,390
	Invesco Advisers, Inc.	Invesco Diversified Dividend Fund Investor Class	**	62,947

Ecova 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets

(Held at End of Year) (Continued)

December 31, 2012

EIN: 91-1701028 Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds (Continued)				
*	FMTC	Spartan International Index Fund - Investor Class	**	$ 53,399
*	FMTC	Fidelity Freedom 2055 Fund	**	50,433
	T. Rowe Price Associates, Inc.	T. Rowe Price Equity Income Fund Advisor Class	**	33,112
*	FMTC	Fidelity Freedom Income Fund	**	32,890
	Northern Trust Investments Inc.	Northern Small Cap Value Fund	**	22,016
*	FMTC	Fidelity Freedom 2005 Fund	**	20,118
	Pax World Management LLC	Pax World Balanced Individual Investor Class Fund	**	17,865
*	FMTC	Fidelity Fund	**	8,931
	Total mutual funds			23,299,691
Money Market Fund				
*	FMTC	Fidelity Money Market Trust Retirement Money Market Portfolio	**	544,899
Notes Receivable from Participants				
*	Participant Loans	Notes receivable from participants, with maturity dates ranging from January 2013 to July 2022 and interest rates of 4.25% to 6.50%	–	449,237
Total				$ 24,293,827

* A party-in-interest as defined by ERISA.

** Cost information not required for participant-directed accounts.

The accompanying notes and independent auditors' report should be read with the supplemental schedules.