Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Complete all entries in acceptance	cordance with the instru	ctions to the Form 5500)-SF.		
3	Annual Report le	dentification Information					
For calend	dar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	.013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descr	. ,				
Part II		mation—enter all requested info	ormation	1			1
1a Name	-				1b	Three-digit	
SKYTAP RE	ETIREMENT PLAN					plan number (PN) ▶	001
						Effective date of	
						07/01/	
2a Plan s		ress; include room or suite numbe	er (employer, if for a single	e-employer plan)		Employer Identii (EIN) 20-53	fication Number
710 2ND /	AVE., SUITE 1130					phone number 6-1162	
SEATTLE,					2d	Business code ((see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since t	the last return/report filed t	for this plan, enter the	4b	EIN	
		ber from the last return/report.	ine last return/report med i	ioi tilis plati, efiter tile	40	EIIN	
a Spons	sor's name						
					4c	PN	
5a Total		at the beginning of the plan year			4c 5a	PN	75
_	number of participants a	at the beginning of the plan year at the end of the plan year		ŀ		PN	75 93
b Total c Numb	number of participants a number of participants a per of participants with a	0 0 , ,	the plan year (defined ben	efit plans do not	5a	PN	
b Total c Number comp	number of participants a number of participants a per of participants with a plete this item)	at the end of the plan yearccount balances as of the end of t	the plan year (defined ben	efit plans do not	5a 5b 5c		93
b Total c Numb comp 6a Were b Are y	number of participants a number of participants a per of participants with a plete this item)e all of the plan's assets you claiming a waiver of the plan's assets.	at the end of the plan yeardccount balances as of the end of the during the plan year invested in elather annual examination and report	the plan year (defined ben ligible assets? (See instru t of an independent qualifi	efit plans do not ctions.)	5a 5b 5c		93 40 X Yes No
b Total c Numb comp 6a Were b Are y under	number of participants a number of participants a per of participants with a plete this item)e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46?	at the end of the plan yearduring the plan year invested in elethe annual examination and report (See instructions on waiver eligibi	ligible assets? (See instrutof an independent qualifility and conditions.)	efit plans do not ctions.)ed public accountant (IQF	5a 5b 5c		93
b Total c Numb comp 6a Were b Are y unde If you	number of participants a number of participants aper of participants with a plete this item)	during the plan year invested in election and report (See instructions on waiver eligibither line 6a or line 6b, the plan can be the plan be the plan be the plan be the plan can be the plan	the plan year (defined ben ligible assets? (See instru t of an independent qualifi ility and conditions.)	efit plans do not ctions.)ed public accountant (IQF	5a 5b 5c PA) Form	5500.	93 40 X Yes No Yes No
b Total c Numb comp 6a Were b Are y unde If you c If the	number of participants a number of participants a per of participants with a plete this item)	during the plan year invested in election and report (See instructions on waiver eligibiner line 6a or line 6b, the plan couplan, is it covered under the PBG	the plan year (defined ben ligible assets? (See instru t of an independent qualifi lility and conditions.) annot use Form 5500-SF C insurance program (see	efit plans do not ctions.)ed public accountant (IQF and must instead use to ERISA section 4021)?	5a 5b 5c PA) Form	5500. Yes No	93 40 X Yes No
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b Total c Number comp 6a Were b Are y under lf you c If the Caution: A Under pen SB or Sch belief, it is	number of participants a number of participants a per of participants with a plete this item)	during the plan year invested in eldithe annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan coplan, is it covered under the PBG report incomplete filing of this return er penalties set forth in the instructions in the instruction of the plan of the penalties set forth in the instruction of the penalties are penalties	the plan year (defined ben ligible assets? (See instru t of an independent qualifi ility and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use to the ERISA section 4021)? unless reasonable caute examined this return/rep	5a 5b 5c PA) Form se is coort, in	5500. Yes No established. cluding, if applic	93 40 X Yes No X Yes No Not determined
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b Total c Number comp 6a Were b Are y under lf you c If the Caution: A Under pen SB or Sch belief, it is	number of participants a number of participants a number of participants with a plete this item)	during the plan year invested in electronic during the plan of the plan of plan, is it covered under the PBG or incomplete filing of this return der penalties set forth in the instructed signed by an enrolled actuary, a ete.	ligible assets? (See instrutt of an independent qualificility and conditions.)	efit plans do not ctions.)	5a 5b 5c PA) Form se is coort, in , and t	5500. Yes No established. cluding, if applic of the best of my	93 40 X Yes No X Yes No Not determined Cable, a Schedule knowledge and
b Total c Number of the Number	number of participants a number of participants at per of participants with a plete this item)	during the plan year invested in electronic factorial during the plan year invested in electronic son waiver eligibiting of the plan complete filing of this return for penalties set forth in the instruction set of the plan complete filing of this return for penalties set forth in the instruction set of the plan complete filing of this return for penalties set forth in the instruction signed by an enrolled actuary, and the plan complete filing of this return for penalties set forth in the instruction of the plan complete filing of this return for penalties set forth in the instruction of the plan year invested in the plan year.	the plan year (defined ben ligible assets? (See instruct of an independent qualificility and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/report, rsion of this return/report, KARI ZERCHER Enter name of individu	5a 5b 5c PA) Form se is coort, in and t	5500. Yes No established. Cluding, if applic o the best of my	yes No X Yes No X Yes No Not determined Sable, a Schedule or knowledge and
b Total c Number of Section 1 Signification 1 Signification 2 Signification 2 Signification 3	number of participants a number of participants at per of participants with a plete this item)	during the plan year invested in electronic factorial during the plan year invested in electronic son waiver eligibiting of the plan complete filing of this return for penalties set forth in the instruction set of the plan complete filing of this return for penalties set forth in the instruction set of the plan complete filing of this return for penalties set forth in the instruction signed by an enrolled actuary, and the plan complete filing of this return for penalties set forth in the instruction of the plan complete filing of this return for penalties set forth in the instruction of the plan year invested in the plan year.	the plan year (defined ben ligible assets? (See instru t of an independent qualifi ility and conditions.) annot use Form 5500-SF C insurance program (see light for the program of t	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/report, KARI ZERCHER Enter name of individu	5a 5b 5c PA) Form se is coort, in and t	5500. Yes No established. Cluding, if applic o the best of my	yes No X Yes No X Yes No Not determined Sable, a Schedule or knowledge and
b Total c Number composed by Are younder lif you c If the Caution: A Under pen SB or Sch belief, it is SIGN HERE	number of participants a number of participants at per of participants with a plete this item)	during the plan year invested in electronic signed by an enrolled actuary, a etc. alid electronic signature. at the end of the plan year invested in electronic signature. at the annual examination and report (See instructions on waiver eligibition in the filme 6a or line 6b, the plan caplan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct disigned by an enrolled actuary, a etc. alid electronic signature.	the plan year (defined ben ligible assets? (See instru t of an independent qualifi ility and conditions.) annot use Form 5500-SF C insurance program (see light for the program of t	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/report, KARI ZERCHER Enter name of individu	5a 5b 5c PA) Form se is coort, in and t	5500. Yes No established. Cluding, if applic o the best of my	yes No X Yes No X Yes No Not determined A Schedule or knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information											_
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	oar			_
	Total plan assets	(47, 43, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,					(b) Ellu		12371	2		_
	Total plan liabilities	7b			+							_
	Net plan assets (subtract line 7b from line 7a)	76 7c	74923	3	+		1123			2		_
	Income, Expenses, and Transfers for this Plan Year	70			+	(b) Total						_
	Contributions received or receivable from:		(a) Amount				(a) I	otai				_
	(1) Employers	8a(1)										
	(2) Participants	8a(2)	32893	34								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	18883	6								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	17770)		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14329	1								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14329	1		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i						,	37447	9		_
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics	, oj										_
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	S:			_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:				_
	<u> </u>										—	_
Par							ı					
10	During the plan year:				Yes	No		Am	ount			_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					150	0000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth											_
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х						
	instructions.)			10e								_
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No	_ o
110	Enter the unpaid minimum required contribution for current year fr					11a				Ш		-
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAS	Г	Yes	Y	No	_
12	Is this a defined contribution plan subject to the minimum funding			e or se	cuon	ა∪∠ 0f	EKISA!		168	^	INC	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	enter th	l ne date of ti	ne la	tter r	ılina		_
	granting the waiver.	-			, апи	Day		Yea		9		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b						

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information					
For calenda	ar plan year 2013 or f		1/2013	and ending 1	2/31/2013		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one	-participant plan	
B This ret	urn/report is:	the first return/report	the final return/report		_		
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
C Check I	oox if filing under:	Form 5558	automatic extension		□ pevo	program	
		special extension (enter des	cription)		<u> </u>		
Part II	Basic Plan Info	ormation—enter all requested i			- Hanne		
1a Name	2 (10.0)				1b Three-di	nit	
SKYTAP RE	TIREMENT PLAN				plan nun	nber	
					(PN) ▶	001	
					1c Effective	date of plan 07/01/2008	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SKYTAP, INC.						r Identification Number 20-5371037	
710 - 2ND AVE., SUITE 1130						's lelephone number 206) 866-1162	
SEATTLE, WA 98104						code (see instructions) 541519	
3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address					3b Administrator's EIN		
					3c Administ	rator's telephone number	
4 If the r	name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed to	rthis nian enter the	4b EIN		
		imber from the last return/report.	o alo last retarmeport mea to	t this plant, enter the	4D EIN		
	or's name				4c PN		
5a Total i	number of participant	s at the beginning of the plan year			5a	75	
b Total i	number of participants	s at the end of the plan year	••••••		5b	93	
C Numb	er of participants with	account balances as of the end of	of the plan year (defined bene	fit plans do not		1409	
		***************************************			5c	40	
6a Were	all of the plan's asse	ts during the plan year invested in	eligible assets? (See instruct	tions.)		X Yes No	
b Are yo	ou claiming a waiver o	of the annual examination and rep 6? (See instructions on waiver elig	ort of an independent qualifie	d public accountant (IQ	PA)	X Yes ∏ No	
If you	answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form 5500	X Yes No	
		efit plan, is it covered under the PE				No Not determined	
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed i	unless reasonable cau	ise is establish	ied.	
SB or Sche	alties of perjury and o edule MB completed a true, correct, and corr	ther penalties set forth in the instr and signed by an enrolled actuary polete.	uctions, I declare that I have (, as well as the electronic vers	examined this return/repsion of this return/report	port, including, i I, and to the bes	f applicable, a Schedule at of my knowledge and	
SIGN	xxta 7		12-24-14	x1 Karizi	ercher		
HERE	Signature of plan	administrator	Date	Enter name of individu		lan administrator	
SIGN				ALTO MAINE OF HUNVIOL	uu oiyiiliy as p	nan aummisuatur	
HERE	Di			1 - 10 000 000 000 000			
The security of the	Signature of employment (including firm	oyer/plan sponsor name, if applicable) and address;	Date	Enter name of individual	ual signing as e	mployer or plan sponsor	
, reparer o	name (meading mm	name, il applicable) alla address,	madde room of suite number	(орионат)	Preparer's tele	ephone number (optional)	

	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year		
а	Total plan assets	7a	74923		1		(4) 4114	11237	12	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	74923	3		12				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				otal	W-W		
а	Contributions received or receivable from: (1) Employers	8a(1)			(b) Tota					
	(2) Participants	8a(2)	32893	4			1000000	1.4.		
	(3) Others (including rollovers)	8a(3)			1 -			191		
b	Other income (loss)	8b	188836	6	1			10 N	1,674.0	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		77.04	T			5177	70	
d	Benefits paid (including direct rollovers and insurance premiums	200.00	octivi Milici rusan		0			1775-	1111	
	to provide benefits)	8d	14329	1						
	Certain deemed and/or corrective distributions (see instructions)	. 8e							1.1	
	Administrative service providers (salaries, fees, commissions)	. 8f						, të .	me glyk	
	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1432	91	
	Net income (loss) (subtract line 8h from line 8c)							374	179	
	Transfers to (from) the plan (see instructions)	- 8j						x = fak	7.37.7	
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Charac	cterist	c Cod	es in t	he instruct	ons:		
Par	V Compliance Questions				-380-75					
10	During the plan year:	field			Yes	No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within I	he time period described in tion Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interes	2 (Do not in					reality			
	on line 10a.)		clude transactions reported	10b		х				
C	on line 10a.) Was the plan covered by a fidelity bond?			-	x	х			150000	
c	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused by fraud	10c	x	x			150000	
-	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of	fidelity bond	, that was caused by fraud	-	x				150000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	fidelity bond her persons I of the benef	, that was caused by fraud by an insurance carrier, its under the plan? (See	10c	x				150000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or otinsurance service, or other organization that provides some or all	fidelity bond her persons I of the benef	, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d	x	x			150000	
d e f	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or otinsurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	fidelity bond her persons l of the benef	that was caused by fraud oy an insurance carrier, its under the plan? (See	10c 10d	x	x			150000	
d e f	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or otinsurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond her persons I of the benef in? as of year end (See instruct	that was caused by fraud oy an insurance carrier, its under the plan? (See	10d 10d 10e 10f	x	x x x			150000	
d e f	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or otinsurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond her persons I of the benef in? s of year end (See instruct	that was caused by fraud y an insurance carrier, its under the plan? (See	10d 10d 10e 10f 10g	x	x x x			150000	
d e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond her persons I of the benef in? s of year end (See instruct	that was caused by fraud y an insurance carrier, its under the plan? (See	10c 10d 10e 10f 10g 10h	x	x x x			150000	
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond her persons it of the benefing? is of year end (See instruct he required red) 1-3	that was caused by fraud y an insurance carrier, its under the plan? (See i.)	10c 10d 10e 10f 10g 10h	Scheo	X X X X	3 (Form	Пу		
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С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	Π	No	П	N/A
Part						H-S-S-	ш.	
13a	Has a resolution to terminate the plan been adopted in any plan year?	П	Yes	x	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	T		[☐ Ye	s X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	-					5,500
13c(1) Name of plan(s):			EIN(s)		T	13c(3) PI	N(s)

14b Trust's EIN

14a Name of trust