Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:								
		x an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	3 · · ·	special extension (enter descripti	on)						
Da	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit			
	401(K) PROFIT SHARING PLA	AN			10	plan number			
Diot	TOTAL TRANSPORT					(PN) • 001			
					1c	Effective date of plan			
						01/01/2000			
2a DKA	Plan sponsor's name and addr	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number (EIN) 91-1629891			
					2c	Plan sponsor's telephone number			
	ENORA STREET FTLE, WA 98121					206-443-9939			
OLA	1122, 777 30121				2d	Business code (see instructions) 541310			
3a DKA	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
DIXA		SEATTLE, V			3c	Administrator's telephone number			
4	f the name and/or EIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	206-443-9939 4b EIN			
		er from the last return/report. Sponse							
					4c				
5a	Total number of participants a	t the beginning of the plan year			5a	43			
b	Total number of participants a	t the end of the plan year			5b	34			
С		rith account balances as of the end o		` .	5c	32			
6a	Were all of the plan's assets of	during the plan year invested in eligil	ole assets?	(See instructions.)		Yes No			
b		he annual examination and report of							
		(See instructions on waiver eligibility		•		Yes No			
Do		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
_ Fa		ation		I					
1	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End of Year 1276158			
	Total plan assets		7a						
b	•					1276158			
<u>C</u>	Net plan assets (subtract line	7b from line 7a)	7с	1155477	477				
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece		90(1)	25434	4				
	• • • • • • • • • • • • • • • • • • • •			102760	7				
			` '	6594					
L	, ,	3)							
D	,			111373)	205500			
C		8a(2), 8a(3), and 8b)	8c			305508			
d		rollovers and insurance premiums	8d	184084	4				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	()				
f	Administrative service provide	rs (salaries, fees, commissions)	8f	743	3				
g	Other expenses		8g						
h	•	8e, 8f, and 8g)				184827			
i		e 8h from line 8c)				120681			
j	` , `	ee instructions)							
	, , , , , , , , ,	,							

	Form 5500-SF 2010 Page 2-				
t IV	Plan Characteristics				
	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char ^{2E} 2J 2K 2F 2G 2T	acteris	stic Co	des in	the instructions:
If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instructions:
	To				
t V	Compliance Questions				
Dur	ring the plan year:		Yes	No	Amount
	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
	re there any negotians with any party in interest? (De not include transactions reported				
	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X	

b 10c 90000 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 Χ 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See Χ 10e instructions.) Χ Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month _ Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/26/2011	MARION ADAMS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **5558**(Rev. January 2008) Department of the Treasury Internal Revenue Service

Signature ▶

Part I Identification

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions) DKA Number, street, and room or suite no. (If a P.O. box, see instructions) 106 LENORA STREET	B	_ ` ` ` ` ` ` /							
	City or town, state, and ZIP code SEATTLE WA 98121-2210		Socia	l securit	y number (SSN)				
С	Plan name			1	Plar	n year endin	g—			
			numb	er	MM	DD	YYYY			
1	DKA 401(K) PROFIT SHARING PLAN	0	0	1	12	31	2010			
2										
3										
Par	t II Extension of Time to File Form 5500 or Form 5500-EZ (s	ee ins	struc	tions)						
1	I request an extension of time until	า 5500	or F	orm 55	00-EZ.					
	The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than $2\frac{1}{2}$ months after the normal due date.									
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.									
Note	. A signature is not required if you are requesting an extension to file Form 5500	or Forn	n 550	O-EZ.						
Par	Extension of Time to File Form 5330 (see instructions)									
2	I request an extension of time until/ to file Form You may be approved for up to a six (6) month extension to file Form 5330, after			due da	ate of Form 5	330.				
а	Enter the Code section(s) imposing the tax	•	а							
b	Enter the payment amount attached				•	b				
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/s State in detail why you need the extension	amend	lment	date	•	С				
Under author	r penalties of perjury, I declare that to the best of my knowledge and belief, the statements rized to prepare this application.	s made	on this	s form a	are true, correct	t, and complete	e, a			

Date ▶

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification								
_For	calendar plan year 2010 or fiscal plan year b	eginning	01/01/2	010 and ending		12/31/201	.0		
Α	This return/report is for: X single-employer plan multiple-employer plan (not multiemployer) one-participant plan								
В	This return/report is for: first return.	/report	final retur	final return/report					
	·	ed return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under: X Form 5558		= '	extension	/	☐ DFVC progra	m		
C	3	L		CALCITATOR		☐ Di vo piogia	111		
_	<u></u>	tension (enter descrip							
	art II Basic Plan Information—en	ter all requested infor	mation		415				
	Name of plan DKA 401(K) PROFIT SHARING	DT.AM			10	Three-digit plan number			
	DIA TOT (IC) TROPET BRAKEING	LLAN				(PN)	001		
					1c	Effective date of	· plan		
						01/01/2000			
2a	Plan sponsor's name and address (employe DKA	r, if for single-employe	er plan)		2b	Employer Identif	ication Number		
	DKA					(EIN) 91-162			
					2c	Plan sponsor's telephone nur			
	106 LENORA STREET				2d	Business code (s			
	SEATTLE			WA 98121		541310	see manachons)		
3a	Plan administrator's name and address (if sa	ame as Plan sponsor,	enter "Same	e")	3b	Administrator's E	EIN		
	Danie								
					3C	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor ha	as changed since the	last return/re	port filed for this plan, enter the	4b	FIN			
	name, EIN, and the plan number from the las			port med to: time plant, office time	710	LIIV			
					4c	PN			
5a	Total number of participants at the beginning	g of the plan year			5a		43		
b	Total number of participants at the end of the	e plan year			5b		34		
С	Total number of participants with account be				_		32		
	complete this item)				5c				
-	Were all of the plan's assets during the pla	•		·			X Yes No		
b	Are you claiming a waiver of the annual exunder 29 CFR 2520.104-46? (See instruction						X Yes □ No		
	If you answered "No" to either 6a or 6b,		•	•					
Pa	art III Financial Information	•							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	1,155,47	7		1,276,158		
b	Total plan liabilities		7b		0				
С	Net plan assets (subtract line 7b from line 7	a)		1,155,47	7	1,276,158			
8	Income, Expenses, and Transfers for this P	lan Year		(a) Amount	(b) Tota		otal		
а	Contributions received or receivable from:			, ,	4	. ,			
	(1) Employers		8a(1)	25,43					
	(2) Participants		8a(2)	102,76					
	(b) Stricts (more daily renevers)			65,94					
b	Other income (loss)		8b	111,37	/3				
С	Total income (add lines 8a(1), 8a(2), 8a(3),	and 8b)	8c				305,508		
d	Benefits paid (including direct rollovers and	•		184,08	4				
_	to provide benefits)			101,00	0				
e	Certain deemed and/or corrective distribution	•		74	3				
f	Administrative service providers (salaries, fe	,		/4	4				
g	Other expenses						104 005		
h	Total expenses (add lines 8d, 8e, 8f, and 8g						184,825		
į	Net income (loss) (subtract line 8h from line	8c)	8i				120,681		
-	Transfers to (from) the plan (see instruction								

		Form 5500-SF 2010 Page 2-					
Par	t IV	Plan Characteristics					
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Pla	n Character	istic Co	odes in	the instruction	ons:
b	X If the	3D 2E 2J 2K 2F 2G 2T plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	n Characteri	stic Co	des in f	the instructio	ins:
		plan provided worldre benefite, office and approache worldre reacted from the factor had	r orial actori	01.0 00	400 111		
Part	V	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	Δ	mount
a	29 (there a failure to transmit to the plan any participant contributions within the time period descrict CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	ı	х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rep ne 10a.)		,	Х		
С	Was	s the plan covered by a fidelity bond?	100	X			90,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by shonesty?		ı	Х		
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie rance service or other organization that provides some or all of the benefits under the plan? (Se uctions.)	ee	•	х		
f	Has	the plan failed to provide any benefit when due under the plan?	···· 10f		Х		
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		Х		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х		
Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a	•			•	Yes X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or s	ection	302 of	ERISA?	Yes X No
а	Ìfaw	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.	e instructions	s, and o	enter th	e date of the	e letter ruling
lf [,]	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Day		
b	Ente	r the minimum required contribution for this plan year			12b		
С	Ente	r the amount contributed by the employer to the plan for this plan year		[12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the title amount)			12d		
е	Will t	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	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a		
b	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or be e PBGC?					Yes X No
С	whic	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), id h assets or liabilities were transferred. (See instructions.)	entify the plant	an(s) to)		T
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use is	establ	ished.	
Unde SB o	r pena r Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined adule MB completed and signed by an enrolled actuary, as well as the electronic version of this true, correct, and complete.	this return/re	eport, ii	ncludin	g, if applicab	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor