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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F		dance witl	h the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	<u>011</u>		
Α	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)		•	<u> </u>		
Pa	urt II Basic Plan Information—enter all requested information	ation					_
	Name of plan			1b	Three-digit		
CAR	GO EXPRESS, INC. 401(K) PROFIT SHARING PLAN				plan number		
					(PN) •	001	
				10	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2h	Employer Identif		
	GO EXPRESS, INC.		and a surger surpression presery		(EIN) 82-03		
				2c	Sponsor's telep	hone number	
1356	E. BEECHCRAFT COURT				208-386		
BOIS	E, ID 83716			2d	,	see instructions)	
				-	48851		
	Plan administrator's name and address (if same as plan sponsor, er GO EXPRESS, INC. 1356 E. BEEC			3b	Administrator's I 82-03		
	BOISE, ID 83			3c	Administrator's t	elephone numbe	r
					208-386	6-9446	
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN		_
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			99
b	Total number of participants at the end of the plan year			5b			77
С	Number of participants with account balances as of the end of the p		-				_
	complete this item)	,	·	5c			2′
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes N	10
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes N	10
	If you answered "No" to either 6a or 6b, the plan cannot use Fo						
Pa	rt III Financial Information			-			_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	344663			380886	
b	Total plan liabilities	7b	89				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	344574			380886	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		28389				
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)	48852	_			
	(3) Others (including rollovers)	8a(3)	4050	_			
b	Other income (loss)	8b	-4656			72585	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				72000	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	35171				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g	1102				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				36273	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				36312	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					

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Form	カカロロ	->-⊢	ンロエ

Page 2 -	1	
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Da = 4 1\/	Diam	Charas	4:-4:
Part IV	ı Plan	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art V	Compliance Questions							
0 Duri	ng the plan year:		Yes	No		Am	ount	
	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				
	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
C Was	the plan covered by a fidelity bond?	10c	X					2500
	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g Did	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					3058
	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		Х				
	n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art VI	Pension Funding Compliance							
1 Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	. [Yes	Пи
	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						,	_
	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver							
If you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	ı				
b Ente	the minimum required contribution for this plan year			12b				
C Ente	the amount contributed by the employer to the plan for this plan year			12c				
	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
e Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art VII	Plan Terminations and Transfers of Assets							
3a Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			Yes	X
	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	ı				
13c(1)	Name of plan(s):		13	c(2) Ell	N(s)		13c(3)	PN(s
		1						
aution: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establi	isnea.			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	ROBERT ZAHM
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 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

2011

This Form is Open to Public Inspection

	rt Annual Report Identification Information			
For		01/01/2	011 and ending	12/31/2011
Ат	his return/report is for:	a multiple-	employer plan (not multiemployer)	a one-participant plan
ВТ	his return/report is: the first return/report	the final re	turn/report	
	an amended return/report	a short pla	n year return/report (less than 12 mor	iths)
C C	Check box if filing under: Form 5558	automatic	extension	☐ DFVC program
	special extension (enter description	n)	-	ц
Pa	rt II Basic Plan Information—enter all requested informa			
	Name of plan	40017		1b Three-digit
	rgo Express, Inc. 401(k) Profit Sharing	Plan		plan number
		•		(PN) ▶ 001
				1c Effective date of plan 01/01/1997
20	Plan sponsor's name and address; include room or suite number (e	mployer if	for a single-employer plan)	2b Employer Identification Number
	rgo Express, Inc.	inployer, it	ioi a single-employer plan	(EIN) 82-0396101
				2c Sponsor's telephone number
135	56 E. Beechcraft Court		·	208-386-9446
				2d Business code (see instructions)
Во	ise ID 83716	•		488510
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")·	3b Administrator's EIN
	rgo Express, Inc.		 -	82-0396101 3c Administrator's telephone number
	56 E. Beechcraft Court ise ID 83716			208-386-9446
	If the name and/or EIN of the plan sponsor has changed since the l	ast return/r	eport filed for this plan, enter the	4b EIN
	name, EIN, and the plan number from the last return/report.		·	4
	Sponsor's name			4c PN :
	Total number of participants at the beginning of the plan year		· · ·	5a 99
þ	Total number of participants at the end of the plan year		· •	5b 77
С				
C	Number of participants with account balances as of the end of the complete this item)			5c 21
	complete this item)			
6a	Complete this item)	le assets? an indepen	(See instructions.)dent qualified public accountant (IQP	— X Yes
6a	Complete this item)	le assets? an indepen and conditi	(See instructions.)	X Yes No No X Yes No No No No No No No N
6a b	Complete this item)	le assets? an indepen and conditi	(See instructions.)	X Yes No No X Yes No No No No No No No N
6a b	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information	le assets? an indepen and conditi	(See instructions.)	X Yes No No No No No No No N
6a b Pa	complete this item)	ie assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQP. ons.) SF and must instead use Form 550 (a) Beginning of Year	X Yes No A) X Yes No O. (b) End of Year
6a b Pa 7 a	complete this item)	fe assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQP ons.) SF and must instead use Form 550 (a) Beginning of Year 34466	X Yes No No No No No No No N
6a b Pa 7 a b	Complete this item)	le assets? an indepen and conditi orm 5500 7a 7b	(See instructions.) dent qualified public accountant (IQP. ons.) SF and must instead use Form 550 (a) Beginning of Year 344663	X Yes No No No No No No No N
6a b Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500 7a 7b 7c	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 344665	X Yes No No No No No No No N
6a b Pa 7 a b c	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	le assets? an indepen and conditi orm 5500 7a 7b	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 344663 89 344574 (a) Amount	X Yes No No No No No No No N
6a b Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500 7a 7b 7c	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 344665	X Yes No No No No No No No N
6a b Pa 7 a b c	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ie assets? an indepen and conditi orm 5500-3 7a 7b 7c	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 344663 89 344574 (a) Amount	X Yes No No No No No No No N
6a b Pa 7 a b c	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1)	(See instructions.) dent qualified public accountant (IQP ons.) SF and must instead use Form 550 (a) Beginning of Year 34466 89 344574 (a) Amount	X Yes No No No No No No No N
6a b 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fortillial Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) dent qualified public accountant (IQP ons.) SF and must instead use Form 550 (a) Beginning of Year 34466 89 344574 (a) Amount	X Yes No No No No No No No N
6a b 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For the plan assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) dent qualified public accountant (IQPons.) (a) Beginning of Year 344663 83 344574 (a) Amount 28383	X Yes No No No No No No No N
Pa 7 a b c 8 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) dent qualified public accountant (IQPons.) (a) Beginning of Year 344663 83 344574 (a) Amount 28383	X Yes No No No No No No No N
Pa 7 a b c 8 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firtillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 34466 89 344574 (a) Amount 28389 48850	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fortillia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 34466 89 344574 (a) Amount 28389 48850	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of ounder 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For the plan assets and Liabilities Total plan assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550 (a) Beginning of Year 34466 89 344574 (a) Amount 28389 48850	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firtillia Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount 2838: 4885: -465	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount 2838: 4885: -465	X Yes No No X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firtillia Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	ie assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount 2838: 4885: -465	X Yes No No No No No No No N

	Form 5500-SF 2011 Page 2 -							
Par	V Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char- 2E 2F 2G 2J 2K 3D	acteris	stic Co	des in	the instr	uction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cterist	ic Cod	es in t	he instru	ctions ·	:	
Part	V Compliance Questions			-				
10	During the plan year:		Yes	No		Am	nount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		x				
α	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	Х		: -			30584
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
. i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	[Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	-						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	1th	, and e	enter ti Day	ne date o	f the I Ye	etter ru ar	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b	·			
	Enter the minimum required contribution for this plan year.			12c			-	
	Enter the amount contributed by the employer to the plan for this plan year	òf a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No ·	N/A
Part								
1111111111111	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under					Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)							
,	13c(1) Name of plan(s):		13	c(2) E	IN(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 Rahert Jah	49-12	ROBERT ZAHM
HERE Signature of plantadministrator	Date	Enter name of individual signing as plan administrator
SIGN John Jak	7-9-12	ROBERT ZAHM
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor