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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	n the instructions to the Form 55	JU-5F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011 —				
Α	This return/report is for: a single-employer plan	a multiple	a one-participant plan						
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter descriptio	n)		-	_				
Pa	art II Basic Plan Information—enter all requested information	ation							
	Name of plan			1b	Three-digit				
EXPF	RESS TRANSPORT CORPORATION 401(K) PLAN				plan number				
					(PN) 001				
				1C	Effective date of plan 01/01/2007				
2a	Plan sponsor's name and address; include room or suite number (el	mplover if	for a single-employer plan)	2h	Employer Identification Number				
	RESS TRANSPORT CORPORATION	inployon, ii	ror a orngro ornproyer planty		(EIN) 91-1658672				
				2c	Sponsor's telephone number				
PO B	OX 88947				253-395-9654				
	TLE, WA 98138-2947			2d	Business code (see instructions)				
				ļ.,	484120				
3a EXPE	Plan administrator's name and address (if same as plan sponsor, er RESS TRANSPORT CORPORATION PO BOX 8894		·")	3b	Administrator's EIN 91-1658672				
LXII	SEATTLE, W.		947	3c	3c Administrator's telephone number				
					253-395-9654				
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b	4b EIN					
а	name, EIN, and the plan number from the last return/report. Sponsor's name		40	4c PN					
5a	-			_	9				
b	Total number of participants at the end of the plan year	- Ou	108						
	Number of participants with account balances as of the end of the p			5b	100				
С	complete this item)			5c	55				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No				
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 No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.					
7	Plan Assets and Liabilities		(a) Basinning of Vac		(b) End of Voor				
, ,	Total plan assets	70	(a) Beginning of Year 903341		(b) End of Year 1019283				
a b	Total plan liabilities	7a 7b	319		0				
C	Net plan assets (subtract line 7b from line 7a)	7c	903022		1019283				
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total				
а	Contributions received or receivable from:		(a) Amount		(b) Total				
-	(1) Employers	8a(1)	58758						
	(2) Participants	8a(2)	156380						
	(3) Others (including rollovers)	8a(3)	2199						
b	Other income (loss)	8b	-42491						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			174846				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52752						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	5833						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			58585				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			116261				
j	Transfers to (from) the plan (see instructions)	8j							

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Part IV Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

2A 2E 2F 2G 2J 2K 2T 3D

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

art		1		ı				
0	During the plan year:		Yes	No	A	Amount		
а	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				75	000
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		X				
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	X				2	2685
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	s X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s 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	th					_	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401				
b	Enter the minimum required contribution for this plan year			12b				
С				12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	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	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					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 which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to	ı				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN	l(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	JULIE A. PAVEL
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

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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> Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Panart Identification Information

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art Annual Report Identification information	- / /-			/ /				
		1/01/2			12/31/201				
Α	This return/report is for: 🔟 a single-employer plan 🔲 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan								
В	This return/report is: the first return/report	This return/report is: the first return/report the final return/report							
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	m			
	special extension (enter description	on)							
P	art II Basic Plan Information—enter all requested informa	ation							
1a	Name of plan				Three-digit				
	Express Transport Corporation 401(k) Pla	n			plan number	2.2.7			
				(PN) ▶	001				
				10	01/01/2007	•			
2a	Plan sponsor's name and address; include room or suite number (el	for a single-employer plan)	2b	Employer Identifi					
	Express Transport Corporation				(EIN) 91-1658				
				2c	Sponsor's teleph				
	PO Box 88947		,		(253) 395-				
				2d	d Business code (see instructions)				
- 22	Seattle	-4 "0	WA 98138-2947	2 h	484120 Administrator's EIN				
Ja	Plan administrator's name and address (if same as plan sponsor, er Same	nter Same	,	30	Administrators	III			
				3с	Administrator's telephone number				
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.				EIN				
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year	5a	1	92					
b	Total number of participants at the end of the plan year			5b	108				
С	Number of participants with account balances as of the end of the p	olan year (c	defined benefit plans do not	11772					
	complete this item)			5c		55			
	Were all of the plan's assets during the plan year invested in eligible					X Yes No			
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 No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	art III Financial Information		-						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	903,34	1		1,019,283			
b	Total plan liabilities.	7b	31	9		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	903,02	2		1,019,283			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	90/41	58,75	٥					
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	156,38						
b			2,19						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(42,491	4		174 046			
d	Benefits paid (including direct rollovers and insurance premiums	8c				174,846			
~	to provide benefits)	8d	52,75	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	5,83	3					
g	Other expenses	8g							
9	T .	- 09							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				58,585			
·		8h				58,585 116,261			
·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							

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Part IV	Plan	Chara	ctorictics

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

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

Part	V Compliance Questions					1011		
10	During the plan year:			Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Control of the Policy Control of the	riod described in am)10	a	х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	b	х			
С	Was the plan covered by a fidelity bond?		10	c X			7	5,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	e plan? (See	e X				2,685	
f	Has the plan failed to provide any benefit when due under the plan?		10	f	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10	g	х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		9 CFR		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	ne of the	i	х			
Part	VI Pension Funding Compliance							-
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	nts? (If "Yes," see ins	tructions and comple	e Sche	dule S	B (Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	n year, see instruction Month	ns, and	enter t	the date of the	e letter ruli ⁄ear	ng
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I					,	- Cui	
b	Enter the minimum required contribution for this plan year		,		12b			
С	Enter the amount contributed by the employer to the plan for this pla	ın year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a min	us sign to the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year? $ \dots $					Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransferred to anothe	r plan, or brought und	er the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the p	lan(s) t	0			
1:	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable d	ause is	estal	blished.	•	
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have as the electronic ver	examined this return/ sion of this return/rep	report, ort, and	includi I to the	ng, if applicate best of my k	ole, a Sche nowledge	edule and
SIGN	x July A favel	x 7/16/17	JULIE A. PAV	EL				
HERE		Date	Enter name of indiv	idual si	gning	as plan admir	istrator	
SIGN								
HERE		Date	Enter name of indiv	idual si	gning	as employer o	or plan spo	nsor