Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection	
Pa	art I	Annual Report Id	lentification Information					
For	calend	lar plan year 2011 or fisc	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011	
Α.	This re	turn/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This re	turn/report is:	the first return/report	the final re	eturn/report		_	
			an amended return/report	a short pla	an vear return/report (less than 12 m	onths)		
_	Chock	hov if filing under:	╡ '			[NEVC program	
C	CHECK		ᅥ		Octoriolori	L	Di vo program	
	- u4 II	Dania Dian Inform		,				
A This return/report is for:								
		•	AN					
VIIXII	NO OL	AMINITALION TOTAL					'	
						1c	Effective date of plan	
							01/01/2009	
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b		
VIKII	NG SE	A AIR FREIGHT					(=,	
						2c		
						24		
SLOF	41580	RG, NY 10974				2 a		
32	Plan a	administrator's name and	address (if same as plan sponsor, ex	nter "Same	,")	3h		
			` 84 ORANGE	TURNPIKI	E	35		
			SLOATSBUR	G, NY 109	074	3c		
4				ast return/i	report filed for this plan, enter the	4b	EIN	
а		•	ici nom me last retam/report.			4c	PN	
			the beginning of the plan year				8	
							13	
		•				30		
			•	• (•	5c	4	
6a	Were	e all of the plan's assets of	luring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No	
b							V va □ Na	
	under 25 of N 2020. 104 40. (Occ mondound off warver engionity and conditions.)							
Pa				JIII 3300-	SF and must instead use Form 55	00.		
7					(a) Reginning of Year		(b) End of Year	
'a	_			72	\		(1)	
		•						
		•			25707		39686	
		•	•	10			(b) Total	
					(a) Amount		(b) Total	
_				8a(1)	6451			
	(2) P	articipants		8a(2)	8886			
	(3) 0	thers (including rollovers)	8a(3)				
b	Other	income (loss)		8b	-1358			
С	Total	income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			13979	
d	Benef	fits paid (including direct	rollovers and insurance premiums					
	•	,						
			,					
f	Admir	nistrative service provide	rs (salaries, fees, commissions)					
g		·						
h			Be, 8f, and 8g)				0	
į		` , `	e 8h from line 8c)				13979	
j	Trans	fers to (from) the plan (se	ee instructions)	8j				

_			
Form	5500-5	ミニっつつ	11

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Part IV	Plan	Charact	eristics

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

ırt	V Compliance Questions							
)	During the plan year:		Yes	No		Amou	nt	
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					3000
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				
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					
rt '	VI Pension Funding Compliance		•					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					<u>П</u> \	⁄es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					١	⁄es	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.							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c				
	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		N/A
rt '	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			١	res 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					П	⁄es	X No
С	of the PBGC?					Ш'		<u> </u>
4.	which assets or liabilities were transferred. (See instructions.)		12	o/2\ EI	N/a)	12	o/2\ [DN(a)
1,	Sc(1) Name of plan(s):	13	c(2) EI	14(5)	13	C(3) F	PN(s)	
uti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret							
3 or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	report	, and	to the I	pest of my k	nowle	dge a	ınd

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/14/2012	PATRICK PASCARELLA
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	Short Form Annual	6191F) Return Benef	CRF11 /Report of Small Emplo it Plan	yee		OMB Nos. 1210-0110 1210-0089					
_	Internal Revenue Service	This form is required to be fi	30		2011							
_	Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Inter	8(a) of	This Form is Open to Public								
	Pension Benefit Guaranty Corporation	> Complete all entries in acco	\0_ Q#		spection							
LF.	Part I . Annual Report Identification Information For calender plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011											
			01/01/			12/31/20	11					
	Trib totalistoport to tot.		_	is-employer plan (not multiemployer)		a one-partici	pant plan					
ь	This return/report is:	the first return/report		return/report								
_		an emended return/report	7	lan year return/report (less than 12 m	onths)	_						
·	Check box if filing under:	Form 5568		ic extension		DFVC progra	tin					
Б	ort II. Regio Dies (afers	special extension (enter description) mation—enter all requested information.										
	Name of plan	Induction enter all requested infon	mation	<u> </u>	1 d L	TD 11.0						
	VIKING SEA AIR FRE	IGHT 401K PLAN			םר	Three-digit plan number						
						(PN)	001					
			·	· ·	1c	Effective date o						
2a	Plan sponsor's name and addr	ess; include room or suite number (emolover	if for a chala amalaum steel	OF-	01/01/200						
	VIKING SEA AIR FRE	IGHT	iambiologi.	trion a studio-estiblichet bistil	ZD	Employer Identi (EIN) 13-287	fication Number 6644					
					2c	Sponsor's telep						
	84 ORANGE TURNPIKE					(845) /53-	-2930					
	SLOATSBURG				2d		see instructions)					
За		address (if same as plan aponsor, :	enfor "Som	NY 10974	26	541990 Administrator's						
	SAME		J	o.,	30	Administrators :	≑IN					
					3C Administrator's telephone number							
4	if the name and/or EIN of the p	lan sponsor has changed since the	last return	report filed for this plan, enter the	4b EIN							
_	name, EIN, and the plan numb	er from the last return/report.		The state of the s	 ""	E114						
<u>a</u>	Sponsor's name Total number of portions at a	the beginning of the state of		· <u>.,</u> ·	4c	PN						
	Total number of participants at	the ced of the clear way.	,	******************************	5a		8					
c	Number of participants with an	count balances as of the end of the		***************************************	5b		4					
_	complete this item)	coduit resurces as or me and of Me	pian year (defined banefit plans do not	5c	1	4					
6a	Were all of the plan's assets d	uring the plan year invested in eligii	ble assets?	(See instructions)			X Yes No					
Þ	Are you claiming a weiver of th	to traces has noticulmake launds &	an Indoor	adont method as will a consequence to the	m. a. t							
	II AOO SURMSURD	<u>ar va or vp. the plan cannot use F</u>	and condi Form 5500:	ions.)		*************	X Yes ∏ No					
Pa	rt III Financial Informa	itlon		THE PART HIS WAY TO SEE								
7	Plan Assets and Liabilities			(a) Seginning of Year		(b) End	of Year					
		***************************************		25,70	7		39,686					
					┶							
8	Net plan essets (subtract line 7 Income, Expenses, and Transfi	b from lige 7e)	7c	25,70	7		39,68 <u>6</u>					
a	Contributions received or received		-	(a) Amount	┼	(b) <u>T</u>	otal					
	(1) Employers		8a(1)	6,45	1							
	(2) Participants		. 8a(2)	8,88	3,886							
#. .	(3) Others (including rollovers)		. <u>8a(3)</u>]							
	Other income (loss)		. <u>8b</u>	(1,358) :							
c d	Forefits seid (including direct of	Ba(2), Sa(3), and 8b)	- 8c		1		13,979					
-	to provide benefits) difect in	ollovers and insurance premiums	88									
8	Certain deemed and/or correcti	ve distributions (see instructions)	. 8e		1							
f	Administrative service providers	(seledes, fees, commissions)	81		1							
g	Other expenses	***************************************	. 8g		1							
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	. 8h				0					
ļ	Net Income (loss) (subtract line	8h from line 8c)	81				13,979					
J.	ransfers to (from) the plan (se	e instructions)	- 81									
LOT 6	-p-s: work requestion Act Notice and OM	5 Centrol Numbers, see the instructions for	Form \$500.50	ļ	-		Form \$500-8F (2011)					

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		Form 5500-SF 2011	Page 2 -								
Part	t IV	Plan Characteristics			_						
9a	If the	e plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 3D	e codes from the Li	ist of Plan Chara	cteris	tic Co	des in 1	the instruc	otlons:		
b		e pian provides welfare benefits, enter the applicable welfare feature	codes from the Lis	it of Plan Charact	teristi	c Cod	es in ti	re instruct	lons:		
Part	V	Compliance Questions			_		_				
10		ring the plan year:				Yes	No	<u> </u>	Amoun	<u>t</u>	
	29	is there a fallure to transmit to the plan any participant contributions with CFR 2510.3-1027 (See instructions and DOL's Voluntary Floridary C	Correction Program	m)[10a		Х				
a	On!	re there any nonexempt transactions with any party-in-interest? (Do Iline 10a.)	UOF IUCINOB ASHRAP	Alons reported	10b		х	<u> </u>			
c	Wa	as the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	х				3	,000
	or d	t the plan have a loss, whether or not reimbursed by the plan's fidelity dishonesty?	4	*********	10d		х			_	
0	inst inst	sre any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the b tructions.)	benefits under the p	plan? (See	10a		Х				
f	Har	s the plan falled to provide eny benefit when due under the plan?	*************		10f		x				
g		i the plan have any participant loans? (if "Yes," enter amount as of ye			10g		X	<u> </u>			
	(f th	his is an individual account plan, was there a blackout period? (See in 20.101-3.)			10h	х					
l		Oh was answered "Yes," check the box if you either provided the requestions to providing the notice epplied under 29 CFR 2520.101-3			101	х		<u> </u>			
Part		Pension Funding Compliance his a defined benefit plan subject to minimum funding requirements?					_				
	let (if " if a grad	this a defined contribution plan subject to the minimum funding requir "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) I walver of the minimum funding standard for a prior year is being am anting the walver.	Iraments of section .) nortized in this plan	412 of the Code year, see instruc	or se ctions ith	noiloe	302 of enter th	ERISA?	the lette	es es rulin	No.
	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	i skip to ilne 13.		г					
		ter the minimum required contribution for this plan year					12b 12c	┼──			
	Sut	fer the amount contributed by the employer to the plan for this plan ye btract the amount in line 12c from the amount in line 12b. Enter the re- gative amount)	result (enter a minu:	is sign to the left :	of a	ſ	126 12d			_	
8	-	il the minimum funding amount reported on line 12d be met by the fur				_		Yes	No		N/A
Part					_					_	
		as a resolution to terminate the plan been adopted in any plan year?			4.4.5 84.4.		\prod	Yes X	No		
	lf "	Yes," enter the amount of any plan assets that reverted to the employ	yer this year			13a					
	of t	ere all the plan assets distributed to participants or beneficiaries, trans the PBGC?					•••••		D \	/es	X No
c		during this plan year, any assets or liabilities were transferred from thi nich assets or liabilities were transferred. (See Instructions.)	ils plan to another p	plan(s), identity ti	he ple						
	13c((1) Name of plan(s):			1	1	3c(2) E	iN(s)	13	c(3)	PN(s)
Unde SB o	er pe or Sc	; A penalty for the late or incomplete filing of this return/report we enables of perjury and other penalties set forth in the instructions, I dechedule MB completed and signed by an enrolled actuary, as well as	ieclare that I have e	examined this ret	turri/re	eport,	Includi	ng, if appli			
	Ť	ls true, correct, and complete.	444447	PATR	ેલા - 'લા	- 6	225	CA7-8	/A-		
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819	BE		Date			- ,			<u>- 44 F S</u>	' —	