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	accordance witl	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identification Informatio	n					
For	calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011	and ending 1	2/31/2	011		
Α	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 mo	onths)			
С	Check box if filing under:	automatio	extension		DFVC progra	m	
	special extension (enter des	scription)			_		
Pa	art II Basic Plan Information—enter all requested in	information					
	Name of plan			1b	Three-digit		
	IAWK CUSTOMS & SHIPPING CORP. 401K PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of	plan	
					11/01/	1992	
	Plan sponsor's name and address; include room or suite num HAWK CUSTOMS & SHIPPING CORP.	ber (employer, if	for a single-employer plan)		Employer Identif		r
					-		
D O	DOVICE			20	Sponsor's telept		
	BOX 3065 ACUSE, NY 13220			2d	Business code (see instruction	s)
	,				54199		-,
	Plan administrator's name and address (if same as plan spon		9")	3b	Administrator's E		
MOH		OX 3065 CUSE, NY 13220		2-		44116	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3C	Administrator's t 315-455		ber
4	If the name and/or EIN of the plan sponsor has changed sinc	e the last return/	report 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 T		
	Total number of participants at the beginning of the plan year			5a			73
b	Total number of participants at the end of the plan year			5b			82
С	Number of participants with account balances as of the end complete this item)		•	5c			64
6a	Were all of the plan's assets during the plan year invested in					X Yes	No
b	Are you claiming a waiver of the annual examination and rep	ort of an indeper	ndent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver elig	•	•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot	use Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	1759056			1838799	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1759056			1838799	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	82/1)	69753				
	(1) Employers		238587	_			
	(2) Participants	` ` `	1236	_			
L	(3) Others (including rollovers)						
b	Other income (loss)		-140649			168927	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					100927	
d	Benefits paid (including direct rollovers and insurance premit to provide benefits)		88598				
е	Certain deemed and/or corrective distributions (see instruction		0				
f	Administrative service providers (salaries, fees, commissions	s) 8f	586				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				89184	
i	Net income (loss) (subtract line 8h from line 8c)	8i				79743	
j	Transfers to (from) the plan (see instructions)	8j	0				

Form	5500-	SF.	201

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Part IV	Plan	Characte	ristics

- **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 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:

0	During the plan year:		Yes	No		Amount		
	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				0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				0
С	Was the plan covered by a fidelity bond?	10c	Χ				20000	0
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				0
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				912	9
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				3131	7
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 '	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	s X N	0
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X N	0
а	(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 instruc granting the waiver							
-	Enter the minimum required contribution for this plan year		Г	12b				0
	Enter the amount contributed by the employer to the plan for this plan year			12c				0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X N/A	
art \	/II Plan Terminations and Transfers of Assets							
I3a	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	res X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?			ntrol		Ye	s X N	0
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plaı	n(s) to			_	_	
13	Bc(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is	establ	ished.	•		
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cludin	g, if applica			_

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/15/2012	DIANE HEBERT
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

Caution: A penalty for the late or incomplete filing of this return/rep	art will be assessed	unless reasonable cause is established.
Caution: A penalty for the late or incomplete filing of this return/rep Under penalties of perjury and other penalties set forth in the instructions	Loeclare that I have	examined this return/report, including, if applicable, a Schedule
Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we	ill as the electronic ver	rsion of this return/report, and to the beat of my taleates
belief, it is true, correct, and complete.		Tout M O'SULLUAN
The Kellin	14 sugar 2	107 V John John Sentan arministrator
HERE Signature of pian administrator	Date	Enter name of individual signing as plan administrator
Dignature of plan		No control
SIGN	Date	Enter name of individual signing as employer or plan sponsor
HERE Signature of employer/plan sponsor	- Address of the same of the s	

7	0	a	8

			(a) Amount	(b) Total
8 a	Income, Expenses, and Transfers for this Flam Year Contributions received or receivable from: (1) Employers	Ba(1)	69753 238587	
	(1) Employers (2) Participants (3) Others (including rollovers)	8a(2) 8a(3)	1236 -140649	
b	Other income (loss)	80	-149043	168927
d	Benefits paid (including direct rollovers and insurance premiums to provide henefits).	8d _	88598 0	
e f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8f	586 0	
g h	Other expenses (add lines 8d. 8e, 8f, and 8g)	8g 8h		89184 79743
i j	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	. 81	0	

Par	r IV	Plan Characteristics	inter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions
	100000000000000000000000000000000000000	- handite o	nter the applicable pension leative codes from the List
9a	If the p	an provides pension beriellis, e	THE THE OPPOSITION

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:

De	V Compliance Questions		Yes	No		mount	
			Tes	NO		11100110	
a a	Was there a failure to transmit to the plan any participant contributions within the time period decomposition.	10a		X			
b		10b		X			
_	w AA \	10c	X				20000
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	10d	/>	×			
d		100				-,	- Paris Control of the Control of th
e	Were any fees or commissions paid to any brokers, agents, or other persons by an institute of the benefits under the pian? (See	10e	X				91
		10f		X			
f	Has the plan failed to provide any benefit when due under the plan?	10g	X	1-3-			313
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		-	1~			
h		10h		X			هود. وروبرشر <u>د.</u> درو
i	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	10i		<u></u>			Vertices.
Par	50 V 1 (50 V 10 V	molete	Sche	dule S	B (Form		Eu.
11	Is this a defined benefit plan subject to minimum funding requirements? (if Yes, see histractions to the						es X I
	5500))	ie or s	ection	302 of	ERISA?	L. 1	es El
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				h data of	ha latta	r adino
a	If a waiver of the minimum funding standard for a prior year is using amortized with the	uction	s. and	enteri	ne date or	HE ICUD	1 Tomires
E	the day complete lines 3, 9, and 10 of Schedule wis (1 strict	5 .		12b			
ŀ	- a violation contribution for this plan year			12c			
	Enter the amount contributed by the employer to the plan for this plan year	ft of a		12d			
				L	Yes	ΠNo	ПП
	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				11		
	Diag Terminations and Transfers of Assets					ī	Yes 🗵
13:	the plan been adopted during the plan year or any prior year?	• • • • • • • • • • • • • • • • • • • •		13a	T	L_	
		,	·			🗇	
1	If "Yes," onter the amount of any plan assets that revened to the employer this yee all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?						Yes 💌

2006

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2011

Employee Benefits Security Administration	Interne	si Revenue Cod	o (the Code).			Open to Public pection
Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with t	he instructions to the Form 550	0-SF.	11/5	pection
Part I Annual Report I	dentification Information					
For calendar plan year 2011 or fis		71/2011	and ending	1	2/31/2011	
A This return/report is for:	single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participar	nt plan
B This return/report is for:	first return/report	final return/i	report			
	an amended return/report	short plan y	ear return/report (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	automatic e	xtension		DFVC prograi	m
	special extension (enter descrip	otion)				
Part II Basic Plan Infor	rmation—enter all requested info	rmation				
1a Name of plan				1b	Three-digit	
Mohawk Customs & Sh	nipping Corp. 401k Plan				plan number (PN)	001
				10	Effective date of	nian
						1992
2a Plan sponsor's name and add	iress (employer, if for single-employ	er plan)		2b	Employer Identifi	
Mohawk Customs & Sh	ipping Corp.				15-11-41	31444116
				20	Plan sponsor's te 3154553	
P.O. Box 3065				2d	Business code (s	
F.O. Box 3003					541	990
Syracuse	NY		13220			
2,7,00000						
Ja Fian autimistrator s fiante ant	d address (if same as Plan sponsor	, carea come ;			Administrator's E 16144	4116
Mohawk Customs & Shipping	g Corp.		j	3C	Administrator's te 315455	elephone number 3003
P.O. Box 3065						
Currentes						
Syracuse NY						
13220						
	lan sponsor has changed since the		rt filed for this plan, enter the	4b	EIN	
name, EIN, and the plan numb	er from the last return/report. Spon	sor's name		4.	011	
			j	4c	PN	
5a Total number of participants a	at the beginning of the plan year			5a	-	73
	at the end of the plan year			5b		32
	with account balances as of the end			30		7,11,11,11
	THE DOOD IN COMMENT OF THE CONTROL OF T			5c	6	54
	during the plan year invested in elig					Yes No
	the annual examination and report of					Yes No
	(See instructions on waiver eligibilit her 6a or 6b, the plan cannot use				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	пП.
Part III Financial Inform						
7 Plan Assets and Liabilities			(a) Beginning of Year	T	(b) End o	of Year
a. Total plan assets	***************************************	7a	1759056			1838799
b Total plan flabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7ь	0.			0
c Net plan assets (subtract line	7b from line 7a)	7с	1759056			1838799