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

	Complete all entries in accord	uance with	ii the instructions to the Form 550	ло-ог.	
	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 multiple	e-employer plan (not multiemployer)		a one-participant plan
В .	This return/report is:	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 m	nonths)	
C	Check box if filing under: X 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
	IANT LOGISTICS, INC. 401(K) PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
20	Diagram and a different include a company of the acceptance in		ifon a significant supplies and a	26	03/01/2008
	Plan sponsor's name and address; include room or suite number (en DIANT LOGISTICS, INC.	mpioyer, ii	for a single-employer plan)		Employer Identification Number (EIN) 04-3625550
					Sponsor's telephone number
40E 1	114TH AVE. SE 3RD FL			20	425-943-4599
BELL	LEVUE, WA 98004			2d	Business code (see instructions)
					488510
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's EIN
RADI.	IANT LOGISTICS, INC. 405 114TH A' BELLEVUE, V		RD FL	20	04-3625550
				36	Administrator's telephone number 425-943-4599
4	If the name and/or EIN of the plan sponsor has changed since the la	ast 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	
	Total number of participants at the beginning of the plan year			- Ou	82
b				5b	85
С	Number of participants with account balances as of the end of the p complete this item)			5c	71
6a	Were all of the plan's assets during the plan year invested in eligible			1	X Yes □ No
	Are you claiming a waiver of the annual examination and report of a		·	(PA)	
	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	orm 5500-	SF and must instead use Form 55	500.	
	art III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets		1237662		1575272
b	Total plan liabilities		4027660		1575272
<u> </u>		. 7c	1237662		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	117011		
	(2) Participants	` '	283822		
	(3) Others (including rollovers)	8a(3)	24638		
b		` '	-10700		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				414771
d	Benefits paid (including direct rollovers and insurance premiums		70000		
	to provide benefits)	. 8d	76366		
е	Certain deemed and/or corrective distributions (see instructions)				
f	Administrative service providers (salaries, fees, commissions)	. 8f	795		
g	Other expenses				
h	•				77161
į	Net income (loss) (subtract line 8h from line 8c)				337610
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500-SF 2011	
$-\alpha rm$	2200-25 /011	

Part IV

500-5F 2011	Page Z - 1

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 2S 2T 3D 3H

Plan Characteristics

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

) a	During the plan year:		Yes	No		Amo	unt	
	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		711110		
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	Χ				50000	
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				684	
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						
art	VI Pension Funding Compliance				•			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes X No	
2								
	(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 instruction granting the waiver							
lf١	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		_ Year		
-					· —	_ Year		
b	Enter the minimum required contribution for this plan year		[12b		_ Year		
b c	Enter the minimum required contribution for this plan year 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	[_ Year		
b c d	Enter the minimum required contribution for this plan year 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 negative amount)	of a	[12b 12c 12d				
b c d	Enter the minimum required contribution for this plan year 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	[12b 12c 12d	Yes			
b c d	Enter the minimum required contribution for this plan year 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	Yes	: No		
b c d	Enter the minimum required contribution for this plan year 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Yes			
b c d e art 3a	Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Yes	No	D N/A	
b c d e art 3a	Enter the minimum required contribution for this plan year	of a	3a	12b 12c 12d	Yes	No		
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes	No No	D N/A	
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes X	No No	O N/A	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	TODD MACOMBER
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

	art I Annual Report Identification Information	1 /01 /0	011		10/01/0011			
_For	_)1/01/2	011 and ending		12/31/2011			
Α	This return/report is for: 🛛 a single-employer plan	e-employer plan (not multiemployer)		a one-participant p	lan			
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	nths)) 			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program			
•	special extension (enter description				- r r o program			
В	art II Basic Plan Information—enter all requested inform							
	Name of plan	auon		1h	Three-digit			
ıa	Radiant Logistics, Inc. 401(k) Plan			110	plan number			
	Radiant bogisties, inc. 401(k) Flan				(PN) >	001		
				1c	Effective date of plan			
					03/01/2008			
2a	Plan sponsor's name and address; include room or suite number (e	mployer, il	for a single-employer plan)	2b	2b Employer Identification Number			
	Radiant Logistics, Inc.			(EIN) 04-3625550				
				2c Sponsor's telephone number				
	405 114th Ave. SE 3rd Fl		`	24	(425) 943-459			
	Dellares e		M7 00004	2d Business code (see instructions) 488510				
3a	Bellevue Plan administrator's name and address (if same as plan sponsor, et	nter "Same	WA 98004	3h	Administrator's EIN			
- Cu	Same	nior Came			Administrator o Em			
				3с	Administrator's teleph	one number		
_	KI 17 EN (0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			41				
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year	**************		5a		82		
b	Total number of participants at the end of the plan year	5b		85				
С	Number of participants with account balances as of the end of the pcomplete this item)	5c		71				
					<u>, </u>			
		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
-	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X	U		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	and condit	ons.)			U		
Pa		and condit	ons.)		X	U		
Ра 7	If you answered "No" to either 6a or 6b, the plan cannot use Fo	and condit	ons.)		(b) End of Ye	Yes No		
7 a	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500-	ons.)SF and must instead use Form 550	0.	(b) End of Ye	Yes No		
7 a	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	and condition 5500-	ons.)	0.	(b) End of Ye	Yes No		
7 a	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500-	ons.) SF and must instead use Form 550 (a) Beginning of Year	0.	(b) End of Ye	Yes No		
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	ons.)	0.	(b) End of Ye	Yes No ar 1,575,272		
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b	(a) Beginning of Year 1,237,662 (a) Amount	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1)	(a) Beginning of Year 1, 237, 662 (a) Amount	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fort III 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	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 1,237,662 (a) Amount 117,013	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets 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)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,237,662 1,237,662 (a) Amount 117,013 283,823	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets 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)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,237,662 (a) Amount 117,013	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,237,662 1,237,662 (a) Amount 117,013 283,823	2	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,237,662 1,237,662 (a) Amount 117,013 283,823	22	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 1,237,662 (a) Amount 117,013 283,822 24,638 (10,700)	22	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 1, 237, 662 1, 237, 662 (a) Amount 117, 012 283, 822 24, 638 (10, 700)	22	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b c d	If you answered "No" to either 6a or 6b, the plan cannot use Fort III 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 (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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 1,237,662 (a) Amount 117,013 283,822 24,638 (10,700)	22	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b c f	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets 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)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 1,237,662 (a) Amount 117,013 283,822 24,638 (10,700)	22	(b) End of Ye	Yes No ar 1,575,272		
7 a b c 8 a b c d e f g	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 1,237,662 (a) Amount 117,013 283,822 24,638 (10,700)	22	(b) End of Ye	Yes No ar 1,575,272 2,575,272 414,771		

Part IV Plan Characteristics									
	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 2S 2T 3D 3H								
b	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								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	10a		х					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
c	Was the plan covered by a fidelity bond?	********************	********	10c	Х			50	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		-	
е	Were any fees or commissions paid to any brokers, agents, or other pinsurance service or other organization that provides some or all of the instructions.)	ie benefits under th	e plan? (See	10e		х			
f	Has the plan falled to provide any benefit when due under the plan? .			101		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of	vear end.)		10a	Х				6,845
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	9 CFR	10h		х			0,010
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	101					
Part			,						···
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							☐ Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ							Yes	X No
	(If *Yes,* complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	_
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this pla	n year, see instruc	dions,	and e	nter th	e date of the	e letter rul	ng
	granting the waiverou complete lines 3, 9, and 10 of Schedule Mi			u)		Day	····	rear	
	Enter the minimum required contribution for this plan year	•	•		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left	ofa		12d		VV 11	
6	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?		*******			Yes	No	N/A
Part '									
13a	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	loyer this year	***************************************	1:	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC?			under	lhe co	ntroi		X Yes	∏ No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to				
1;	3c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3)	PN(s)
Cautl	on: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	50 IS (stabl	lshed.		
SB or	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	John E Marmela 1	10/12/12	Todd Macomi	ber					
HERE	. 17 /	Date	Enter name of in		al sigr	ing as	plan admin	strator	
SIGN					¥	***************************************			
HERE	Signature of employer/plan sponsor	Date	Enter name of in	dividu	al sign	ing as	employer o	r plan spo	nsor

Page 2 -

Form 5500-SF 2011