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 acc	ordance wit	h the instructions to the Form 5500	O-SF.						
Pa	art I Annual Report Identification Information									
For	For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012									
Α	This return/report is for: X a single-employer plan	return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer)								
		the first return/report the final return/report								
Ь		H	an year return/report (less than 12 mo							
	an amended return/report	onths)	 1							
С	Check box if filing under:	extension		DFVC prograi	m					
	special extension (enter descrip	otion)								
Pá	art II Basic Plan Information—enter all requested info	mation								
	Name of plan	mation		1h	Three-digit					
	FREIGHT INTERNATIONAL, INC. 401K PROFIT SHARING PLAN	J			plan number					
					(PN) •	001				
				1c	Effective date of	plan				
					04/01/					
2a	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identifi	cation Number	er			
ALL	FREIGHT INTERNATIONAL, INC.				(EIN) 91-133					
				2c	Sponsor's teleph	one number				
131 9	S.W. 156TH ST., SUITE 200				206-244					
	TTLE, WA 98166			2d	Business code (s	see instruction	าร)			
					48412		,			
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	e")	3b	Administrator's E	IN				
	FREIGHT INTERNATIONAL, INC. 131 S.W. 1	56TH ST., S			91-13					
	SEATTLE,	WA 98166		3с	Administrator's to	elephone num	nber			
					206-244	-2646				
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	EIN					
_	name, EIN, and the plan number from the last return/report.			4c	DN					
	Sponsor's name				T					
	Total number of participants at the beginning of the plan year			5a	5					
b	Total number of participants at the end of the plan year			5b			56			
С	Number of participants with account balances as of the end of the		•	-			55			
	complete this item)			5c			1			
-	Were all of the plan's assets during the plan year invested in elig	•	,			X Yes	No			
b	3									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili	•	•			X Yes	No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	FOIIII 3300-	or and must misteau use Form 550	<i>.</i>						
	·									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End					
а	Total plan assets		2293451			2348322				
b	Total plan liabilities	7b	5561			19226	5			
C	Net plan assets (subtract line 7b from line 7a)	7с	2287890			2329096	5			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal				
а	Contributions received or receivable from:		5570							
	(1) Employers	8a(1)	5579							
	(2) Participants	8a(2)	72075							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)		-22013							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					55641				
d	Benefits paid (including direct rollovers and insurance premiums	00								
u	to provide benefits)	8d	14253							
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)		182							
g	Other expenses (add lines add as 2f and 2g)					14435				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)									
!	Net income (loss) (subtract line 8h from line 8c)					41206				
J	Transfers to (from) the plan (see instructions)	···· 8j								

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Form	5500	C.E	2011

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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 2H 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:

art	V Compliance Questions						
<u>αιτ</u> 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	100	X		mount	
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	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.)	10q		X			
h	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					
art							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					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.						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		Т		
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			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	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			\	′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	under	the co	ontrol			
	of the PBGC?					Yes	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 plai	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1	
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					le, a Sch	edule
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/14/2013	LISA JACKA
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

Р	art I Annual Report Identification Information		T CTO INCLIACE		UI.					
		04/01/	2011	and ending		03/31/2012				
	This return/report is for:	a multiple	-employer plan	n (not multiemployer)	ſ	a one-participant plan				
		·	eturn/report	(not maillemployer)	Ŀ	a one-participant plan				
В	H H		•		-411					
_		•	•	report (less than 12 mo	ntns) r	7				
C	Check box if filing under:		extension		į	☐ DFVC program				
	special extension (enter descriptio	n)								
Pŧ	art II Basic Plan Information—enter all requested informa	ation								
	Name of plan					Three-digit				
AL	L FREIGHT INTERNATIONAL, INC. 401K PROFI		plan number 001							
			(PN) ▶ OUT Effective date of plan							
						24/01/1986				
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-er	nployer plan)		Employer Identification Number				
	L FREIGHT INTERNATIONAL, INC.	1 7 7		, , , , , , , ,		(EIN) 91-1333721				
						Sponsor's telephone number				
13	1 S.W. 156TH ST., SUITE 200					206-244-2646				
					2d	Business code (see instructions)				
	ATTLE WA 98166					484120				
3a	Plan administrator's name and address (if same as plan sponsor, er L FREIGHT INTERNATIONAL, INC.	nter "Same	")			Administrator's EIN				
				-		91-1333721				
	1 S.W. 156TH ST., SUITE 200 ATTLE WA 98166					Administrator's telephone number 206-244-2646				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	eport filed for	this plan, enter the	4b					
	name, EIN, and the plan number from the last return/report.			, j						
	Sponsor's name					PN				
5a	Total number of participants at the beginning of the plan year			ļ-	<u>5a</u>	57				
b	,			ļ <u>.</u>	5b	56				
С	Number of participants with account balances as of the end of the p complete this item)	olan year (d	defined benefit	plans do not	5c	55				
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No				
	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	and conditi	ons.)			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 550	0.					
_	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year				
a	Total pian assets			229345:		2348322				
b		7b		556		19226				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	*********	228789)	2329096				
8	Income, Expenses, and Transfers for this Plan Year			a) Amount	iii:sisae-a	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		5579	9					
	(2) Participants	8a(2)		7207!	-					
	(3) Others (including rollovers)	8a(3)		72.07.	4					
b	, , , , , , , , , , , , , , , , , , , ,	l		2201	5					
	, , , , , , , , , , , , , , , , , , , ,	8b		-22013	5	55011				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				55641				
u	to provide benefits)	8d		14253	3					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		182	7					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				14435				
i	Net income (loss) (subtract line 8h from line 8c)	8i				41206				
i	Transfers to (from) the plan (see instructions)	8i				11200				
		ı Ol	i		1.000000000	Manager and the court of the control				

	Form 5500-SF 2011	Page 2 -							
Par	IV Plan Characteristics								_
····	If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2F 2H 2J 2K 3D	ature codes from the	List of Plan Chara	cteris	tic Co	des in	the instruction	ons:	
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	Δ	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?	*****************************		10c	Х			5000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonesty?	elity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insur he benefits under the	ance carrier, e plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f vear end)		10g		x			—
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10g 10h		X			
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the	10i					
Part	VI Pension Funding Compliance			المحتند	 h	*	<u> </u>	angere and A. Penner and Co.	
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see ins	tructions and comp	olete S	Sched	ule SE	(Form	☐ Yes ☐ N	 lo
12	Is this a defined contribution plan subject to the minimum funding rec							 	No.
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	le.) amortized in this pla	n year, see instruc Montl	tions,	and e	nter th	ne date of the		٠
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N				Г	12b			
	Enter the minimum required contribution for this plan year				" ├-	120 12c			
c d	Enter the amount contributed by the employer to the plan for this plar Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left o	of a	" -	12d			
е	Will the minimum funding amount reported on line 12d be met by the						Yes	No □ N/A	— A
Part								<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?					\Box	es X No		—
	If "Yes," enter the amount of any plan assets that reverted to the emp					<u></u>			\neg
b	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred to another	plan, or brought u			ntrol		Yes X N	J
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)			e plar	n(s) to	••••			
1	3c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3) PN(s	 i)
					-				
Caut	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable	e cau	se is e	establ	ished.	Ar-ana ar-a	
SB o	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.								
SIGI	Nenat News	11/29/2012	Linda Loren	ıtz	•				
HER		Date	Enter name of in	dividu	al sigr	ning a	s plan admin	Istrator	\exists
SIGI									
HER	Signature of employer/plan sponsor	Date	Enter name of in	dividu	al sigr	ning a	s employer o	r plan sponsor	

Enter name of individual signing as employer or plan sponsor