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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in acc	ordance wit	h the instructions to the Form 550	0-SF.	Ins	spection		
Pa	art I Annual Report Identification Information			-	U.			
For	calendar plan year 2011 or fiscal plan year beginning 10/01/2	011	and ending (9/30/2	012			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-partici	oant plan		
	This return/report is:	Η .	return/report	ı		·		
_	an amended return/report	Η	an year return/report (less than 12 m	onthe)				
_	H '	=		0111113 <i>)</i> 	DEVC 25005			
C	Check box if filing under: Form 5558	ш	c extension		DFVC progra	ım		
	special extension (enter descrip							
Pa	art II Basic Plan Information—enter all requested info	rmation				T		
	Name of plan				Three-digit			
JOH	N H. KOOY TRUCKING, INC. 401(K) PROFIT SHARING PLAN				plan number (PN)	001		
				1c	Effective date o	l		
				. •	10/01	•		
	Plan sponsor's name and address; include room or suite number	(employer, it	f for a single-employer plan)	2b	Employer Identi	fication Number		
JOH	N H. KOOY TRUCKING, INC.					56020		
				2c	Sponsor's telep	hone number		
1932	4 67TH AVENUE N.E.				360-47			
ARLI	NGTON, WA 98223			2d	Business code (see instructions)		
					48411			
	Plan administrator's name and address (if same as plan sponsor, N.H. KOOY TRUCKING, INC. 19324 67T	enter "Same H AVENUE I	,	3b	Administrator's	EIN 056020		
JOH		N, WA 9822		30				
				30	3c Administrator's telephone number 360-474-8000			
4	If the name and/or EIN of the plan sponsor has changed since th	e last return/	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		27		
b	Total number of participants at the end of the plan year			5b		22		
С	Number of participants with account balances as of the end of the		•			C		
	complete this item)			5c				
-	Were all of the plan's assets during the plan year invested in eliq		· ·			X Yes No		
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili			,	, la			
	If you answered "No" to either 6a or 6b, the plan cannot use	•	•					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	175137			210192		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	175137			210192		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 7	Total .		
а	Contributions received or receivable from:		, ,					
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	9200					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	27856					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37056		
d	Benefits paid (including direct rollovers and insurance premiums		2001					
	to provide benefits)		2001	-				
e	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2001		
i	Net income (loss) (subtract line 8h from line 8c)					35055		
j	Transfers to (from) the plan (see instructions)	8j						

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Form	5500	SE	2011	

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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2J 2K
- b 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							
0	During the plan year:		Yes	No		Amo	ount	
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					9200
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					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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
İ	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 co 5500))					 " П	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Control (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. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	uctions onth	, and e	enter th	ne date o	of the let	tter rul r	
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 le negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		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?				res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			<u>'</u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under	the co	ontrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)				_
1	3c(1) Name of plan(s):		13	c(2) El	c(2) EIN(s) 13		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	ıse is	estab	lished.			
Inde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re	eturn/re	port, ir	cludin	g, if appl	icable,	a Scho	edule

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	Filed with authorized/valid electronic signature.	01/17/2013	JOHN H. KOOY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	01/17/2013	JOHN H. KOOY				
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 section 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

P	art I Annual Report Identification Information							
For	the calendar plan year 2011 or fiscal plan year beginning	10/0	1/2011	and ending	09,	/30/2012		
A	This return/report is for:	a multiple-	employer plan (not multiemployer)	Γ	a one-participa	ant plan	
В	This return/report is:	the final re	turn/report		·	•	•	
	an amended return/report			port (less than 12 mor	othe)			
<u> </u>	Check box if filing under: Form 5558	automatic	•	port (1000 than 12 mor	III 13)	1 05/0		
•	H H		extension		L	DFVC program	n	
-	special extension (enter description)							
Pa	Int II Basic Plan Information enter all requested information	mation.						
та	Name of plan JOHN H. KOOY TRUCKING, INC. 401(k) PROFIT SHARD	ING DIAN	1		p	hree-digit blan number	001	
						PN) ▶ I		
					1	0/01/1980	piaii	
2a	Plan sponsor's name and address; include room or suite number (emp JOHN H. KOOY TRUCKING, INC.	loyer, if for	single-employe	plan)	2b E	mployer Identifi		
						EIN) 91-105		
	19324 67TH AVENUE N.E.				1	Plan sponsor's te (360) 474-8	elephone number 000	
							see instructions)	
	ARLINGTON WA 98223				4	84110		
3a	Plan administrator's name and address (If same as plan sponsor, enter Same	"Same")			3b A	Administrator's E	IN	
					3c ∧	dministrator's te	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	rt filed for this p	an, enter the	4b EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's Name				4c PN			
5a	Total number of participants at the beginning of the plan year				5a 27			
b	Total number of participants at the end of the plan year				5b		22	
С	Number of participants with account balances as of the end of the plan complete this item)				5c		9	
6a	Were all of the plan's assets during the plan year invested in eligible as						X Yes No	
b	Are you claiming a waiver of the annual examination and report of an ir	dependent	qualified public	accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form						X Yes No	
Pa	rt III Financial Information	3300-3F a	na must instea	a use rorm 5500.				
7	Plan Assets and Liabilities		(a) Bo	ginning of Year		(b) End a	-6 V	
'a	Total plan assets	7-0	(a) Be		 	(b) End o		
b	Total plan liabilities	7a 7b		175,137	_		210,192	
C	All-A - b			175 100			010 100	
8	Income, Expenses, and Transfers for this Plan Year	7c	1.	175 , 137 a) Amount		(b) T	210,192	
а	Contributions received or receivable from:	and the same of	,,	, , anount	6000	(u) 1	out of the second	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		9,200				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		27,856				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37,056	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,001				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		最近電影響			2,001	
i	Net income (loss) (subtract line 8h from line 8c)	8i					35,055	
i	Transfers to (from) the plan (see instructions)	81			Me De			

	Fe	orm 5500-SF 2011 Page 2-						
Pai	rt IV	Plan Characteristics						
	31	an provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteri						
Pa	rt V	Compliance Questions						
10		g the plan year:		Yes	No	T	Amount	
а	Was	here a failure to transmit to the plan any participant contributions within the time period described in						
b	29 Cl	R 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a	X	 -	 		9,200
-		e 10a.)	10b		x			
c	Was	he plan covered by a fidelity bond?	10c	x	1			50,000
d	Did th	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		x			30,000
е	insura	any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, ince services or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		х			
f		ne plan failed to provide any benefit when due under the plan?			x		- · · · · · · · · · · · · · · · · · · ·	
g		e plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		x	1		
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		1	ESTATE OF THE PARTY OF THE PART		
	2520.	101-3.)	10h		Х			
i	excep	was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i					
		ension Funding Compliance					101000	
11	ls this 5500)	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	e Sche	edule	SB (Fo	rm	Yes	X No
12	ls this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se					<u> </u>	
		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	granti	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ng the waiver	s, and th	enter	the da Day	te of the lette	er ruling Year	
 b				Г	12b			
c		the minimum required contribution for this plan year			12c		····	
d		the amount contributed by the employer to the plan for this plan year	• •	. -	120			
		ve amount)		. L	12d			
е		e 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						
l3a		resolution to terminate the plan been adopted in any plan year?		· <u>·</u>			Yes	X No
		," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde PBGC?	r the c	ontrol				······
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants assets or liabilities were transferred. (See instructions.)	n(s) t	0	• •		∐Yes	X No
	13c(1) N	ame of plan(s):		13	c(2) El	N(s)	13c(3) F	PN(s)
							1.5(5)	. 110/
		enalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau						
B or	Schedu	es of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep le MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, e, correct, and complete.	ort, in and t	cludin o the l	g, if ap best of	plicable, a S my knowled	chedule ge and	
010		Jahn K - Bone V- 16-10 Vonne						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

HERE Signature of plan administrator

HERE Signature of employer/plan sponsor

SIGN