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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection	
Part I	Annual Report Id	lentification Information				II.		
For calen	dar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
B This re	A This return/report is for: B This return/report is: the first return/report an amended return/report an amended return/report an amended return/report brown 5558 an automatic extension a multiple-employer plan (not multiemployer) a one-participant plan the final return/report a short plan year return/report (less than 12 months) DFVC program							
		special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	on					
1a Name ARMS 401	e of plan				1b	Three-digit plan number (PN)	001	
					1c	Effective date of plan 05/01/1996		
2a Plan ACCOUNT	sponsor's name and address RECEIVABLE MANAG	ess; include room or suite number (emp EMENT SYSTEMS, INC.	oloyer, if for a single-	employer plan)	2b	2b Employer Identification Number (EIN) 82-0426070		
PO BOX 99		8948 W BARNE			2c	Sponsor's telephone number 208-672-7228		
BOISE, ID	83709	BOISE, ID 8370	09		2d	d Business code (see instructions) 541990		
3a Plan	administrator's name and	address Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN	
					3с	Administrator's t	elephone number	
		olan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN		
	e, Elin, and the plan numb sor's name	per from the last return/report.			4c	PN		
5a Total	number of participants at	the beginning of the plan year			5a		1	
b Total	number of participants at	the end of the plan year			5b		1	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			•	5c		1		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						☐ ☐ ☐ No		
Caution:	A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ıse is	established.		
SB or Sch		or penalties set forth in the instructions, signed by an enrolled actuary, as well ete.						
SIGN	Filed with authorized/va	alid electronic signature.	07/01/2013	GIL HOUGH				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ıning as plan adn	ninistrator	
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer of								
Preparer's	s name (including firm nar	me, if applicable) and address; include i	room or suite number	r (optional)	Prep	arer's telephone	number (optional)	

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Do	t III Financial Information		<u> </u>					
	t III Financial Information	(a) Paginning of Vac					(I.) For d. (1) (1)	
	Plan Assets and Liabilities	7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets Total plan liabilities	7a 7b	130	70			723	
	Net plan assets (subtract line 7b from line 7a)	7c	150	16			723	
	Income, Expenses, and Transfers for this Plan Year	70		,				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	19	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					198	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	98	1				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					981	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-783	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X		
				10c	Χ		25000	
d	• • •			100			25000	
	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		X		
	Did the plan have any participant loans? (If "Yes," enter amount a					Χ		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)				X		
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below)							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						, <u></u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	e date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo							
b	Enter the minimum required contribution for this plan year					12b		

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)					12			
Employee Benefits Security Administration of the Internal Revenue Code (the Code).					is Open			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection Part Annual Report Identification Information								
For calendar plan year 2012 or fiscal plan year beginning	01/01/20:	12 an	id ending 1	2/31/201	2			
A This return/report is for: X a single-employer pla		ole-employer plan (not n		a one-participa				
B This return/report is: the first return/report		return/report	Linear Project	j a ono participa	in plan			
an amended return/r		plan year return/report	(less than 12 mont	ths)				
C Check box if filing under: Form 5558	automa	tlc extension		DFVC program				
special extension (er								
Part II Basic Plan Information - enter all reques	sted information							
1a Name of plan		1b Three-digit	- 1					
ARMS 401 (K) PLAN		-						
			1c Effective date	Service Transport Control of the Con				
2a Plan sponsor's name and address; include room or suite numb	ar (amployer If for ele	gle-amployer plan)	2b Employer Ider	1/1996	or /CINN			
ACCOUNTS RECEIVABLE MANAGEMENT				426070	er (EIIV)			
	. DIDIMID,	******	2c Sponsor's tele					
PO BOX 990003			08-672-72					
			2d Business code		ns)			
BOISE ID 8370)9		5419					
3a Plan administrator's name and address 🗵 same as Plan	Sponsor Name X Same	as Plan Sponsor Address	3b Administrator	's EIN	Account of Consultation of the Consultation of			
		3	3c Administrator	's telephone num	nber			
				·····				
4 If the name and/or EIN of the plan sponsor has changed		/report filed for this	4b EIN					
plan, enter the name, EIN, and the plan number from the	last return/report.		16 51		***************************************			
a Sponsor's name		"	1c PN					
5a Total number of participants at the beginning of the pla	In Vegr		ба	1				
b Total number of participants at the end of the plan year	r	E	ib	1				
C Number of participants with account balances as of the end of the plan year (defined								
benefit plans do not complete this item)		5	ic	1.				
6a Were all of the plan's assets during the plan year invest	ed in eligible assets	? (See instructions.)		X Yes	No No			
b Are you claiming a walver 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.)								
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500,								
Caution: A penalty for the late or incomplete filing of this								
Under penalties of perjury and other penalties set forth in the Schedule SB or Schedule MB completed and signed by an e my knowledge and belief, it is true, correct, and complete.	instructions, i deci inrolled actuary, as	are that I have examine well as the electronic v	ed this return/repoi rersion of this return	rt, including, if ap n/report, and to	oplicable, a the best of			
171 1/1								
SIGN Sulfant K Hong C	06-28-13	GIL HOUGH						
Signature of plan administrator Da	MANAGED OF THE PARTY OF THE PAR	Enter name of Individu	al signing as plan	administrator				
SIGN			2000					
HERF								
Signature of employer/plan sponsor Da		Enter name of Individu						
Preparer's name (including firm name, if applicable) and add	iress; include room	or suite number (option	nal) Preparer's tele	ephone number	(optional)			
			Tarrettanie					
			rivers and the	and particular				

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Form 5500-SF (2012)			Page	2-		<u> </u>	****		
Part III Financial Informat	ion					***************************************			
7 Plan Assets and Liabilities			(a) Beginnin	q of Y	ear	(t) End of \	 /еаг	
The second secon		. 7a	aunulanikanun Wananun		506			723	
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	C Net plan assets (subtract line 7b from line 7a)				06	72			
8 Income, Expenses, and Transfers		. 7c	(a) Amo				(b) Tota		
a Contributions received or receivab									
(1) Employers		. 8a(1)							
Table on the same of the same	**************************************	. 8a(2)				E LA			
**************************************	***************************************	. 8a(3)							
b Other income (loss)	SEE STATEMENT 1	. 8b		1	.98	1-0			
C Total income (add lines 8a(1), 8a(2		8c	181	1		198			
	overs and insurance premiums to provide			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		familia and meter		***************************************	
benefits)	***************************************	. 8d							
	distributions (see Instructions)			WIESSON.					
	alaries, fees, commissions)	THE RESERVE AND ADDRESS OF THE PARTY OF THE		9	81	STATEMENT 2			
Valley of the control		. 8g				A STATE OF THE STA			
	3f, and 8g)	8h				981			
	from line 8c)			im pro-	1777		-783		
I Transfers to (from) the plan (see in	structions)	. 8j				S. Harris		7.8	
Part IV Plan Characteristi	cs								
2E 2G 2J	efits, enter the applicable pension feature of fits, enter the applicable welfare feature co								
	•								
Part V Compliance Quest	dons				т	r			
10 During the plan year:				Yes	No		Amount		
ANALY CLARK CONTROL CO	lan any participant contributions within the time		20 No. 10 100 Car						
	tions and DOL's Voluntary Fiduciary Correc		am.) 10a	-	X				
The second secon	actions with any party-in-interest? (Do not in				7.				
)			-	X			05000	
	bond?		10c	X				25000	
	or not reimbursed by the plan's fidelity bor				4.				
	y?			-	X				
	ld to any brokers, agents, or other persons								
	organization that provides some or all of th				42				
					X				
	benefit when due under the plan?		The state of the s	Comment of the last	X				
	loans? (If "Yes," enter amount as of year er		10g	-	X	na se milita		*****	
	n, was there a blackout period? (See instru				37				
			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	+	Х		Control Maria		
	the box if you either provided the required				\ v				
Part VI Pension Funding C	notice applied under 29 CFR 2520.101·3	*********	10i	L	X				
	ect to minimum funding requirements? (if "	/es." see l	instructions and	comp	lete				
	11a below)				10.0		Yes	X No	
1a Enter the amount from Schedule SB line 39					11a		1.1.1.	140	
12 Is this a defined contribution plan sub	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	s 12b, 12c, 12d, and 12e below, as applica						1110	P-4 110	
	standard for a prior year is being amortize		lan year, see in:	struction	ons, an	d enter ti	ne date of	the letter	
				Da			Year		
	lines 3, 9, and 10 of Schedule MB (Form								
b Enter the minimum required contri	bution for this plan year	MALANALIA MARA	A 6.6.6.4.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6		12b				