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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in accorda	ance with the instruc	stions to the Form 550	Ю-ЭГ.					
	art I		Identification Information								
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/2	2012 				
Α .	This ret	urn/report is for:		, .	an (not multiemployer)	oyer) a one-participant plan					
В	This ret	urn/report is:	the first return/report	he final return/report							
			an amended return/report	short plan year return	n/report (less than 12 m	onths)) <u> </u>				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım			
			special extension (enter description)							
Pa	art II	Basic Plan Info	rmation—enter all requested informat	ion							
	Name					1b	Three-digit				
MOH	AWK C	USTOMS & SHIPPING	GCORP. 401K PLAN				plan number	004			
						10	(PN)	001			
						10	Effective date of 11/01/	•			
2a	Plan sr	onsor's name and add	dress; include room or suite number (em	nlover if for a single-	employer plan)	2h	fication Number				
		USTOMS & SHIPPING		ipioyor, ir for a origio	omployor plant			44116			
						2c	Sponsor's telep	hone number			
P.O.	BOX 30	065					315-45				
		NY 13220				2d	d Business code (see instructions)				
							541990				
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's I	EIN			
						2-					
						3C	Administrator's t	elephone number			
4	If the n	ame and/or EIN of the	e plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
			nber from the last return/report.								
		or's name				4c	PN	82			
5a			at the beginning of the plan year			<u> </u>					
b			at the end of the plan year			5b		87			
С			account balances as of the end of the pla	• (•	5с		67			
6a	Were	all of the plan's assets	s during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No			
b			the annual examination and report of ar								
			? (See instructions on waiver eligibility ar					X Yes No			
			ther line 6a or line 6b, the plan canno								
			or incomplete filing of this return/repo								
		, , ,	ner penalties set forth in the instructions, nd signed by an enrolled actuary, as well				O, 11	,			
		rue, correct, and comp				,	,				
		Filed with authorized/	valid electronic signature.	07/18/2013	DIANE HEREDT						
SIG					DIANE HEBERT			-1-1-1			
		Signature of plan ac	aministrator	Date	Enter name of individ	iuai sig	ning as pian adn	ninistrator			
SIG											
		Signature of employ		Date	Enter name of individ	_					
Pre	parer's i	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			
							999-999	9999			

Form 5500-SF 2012 Page **2**

Do	et III Financial Information										
Pa	rt III Financial Information		-t								
	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year						
<u>a</u>	Total plan assets	. 7a	183879		+			1986216			
	Total plan liabilities	7b		0				C			
	Net plan assets (subtract line 7b from line 7a)	7c	183879	9	+	986216					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	<u> </u>			
а	Contributions received or receivable from: (1) Employers	8a(1)	7760	4							
	(2) Participants	8a(2)	28162								
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	21319								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	21010		570						
	Benefits paid (including direct rollovers and insurance premiums	00						572426			
	to provide benefits)	. 8d	41673	8							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g	827	1							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						425009)		
i	Net income (loss) (subtract line 8h from line 8c)	8i						147417	,		
	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics	, oj									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ıs:			
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructions	:			
Par	art V Compliance Questions										
10	During the plan year:				Yes	No	Ar	ount			
а	' ''			100		X			0		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumerical Were there any nonexempt transactions with any party-in-interest			10a					0		
~	on line 10a.)	•	•	10b		X			0		
С	Was the plan covered by a fidelity bond?			10c	X				200000		
d				100					200000		
u	or dishonesty?			10d		X			0		
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all o			40-	X				E440		
	instructions.)			10e		X			5443		
	Has the plan failed to provide any benefit when due under the pla	n?		10f		^			0		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X				36323		
				_							
h	• • • • • • • • • • • • • • • • • • • •	`		401		X					
	2520.101-3.)			10h		Х					
i	2520.101-3.)	he required	I notice or one of the	10h 10i		X					
i	2520.101-3.)	he required	I notice or one of the								
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance	he required	I notice or one of the	10i	Scher	X	3 (Form				
i	2520.101-3.)	he required	I notice or one of the	10i		X dule SE	•	Yes	X No		
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	he required	I notice or one of the /es," see instructions and com	10i		X dule SE	•	Yes	X No		
Part	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	he required	I notice or one of the Yes," see instructions and com	10i		X dule SE		Yes			
i Part 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	nents? (If "	I notice or one of the /es," see instructions and com	10i		X dule SE			0		
11 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ne required 1-3 nents? (If "\right") requirements, as applications	rents of section 412 of the Code able.)	10i	ection	X dule SE 11a 302 of	ERISA?	Yes	0 X No		
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ne required 1-3 nents? (If "\ requireme , as applicang amortize	rnts of section 412 of the Code able.) ed in this plan year, see instructions. Mon	10i	ection	X dule SE 11a 302 of	ERISA?	Yes etter rul	0 X No		
1 11 11 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ne required 1-3 nents? (If "\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rents of section 412 of the Code able.) ed in this plan year, see instructions and common 5500), and skip to line 13.	nplete e or se	ection , and	X dule SE 11a 302 of	ERISA?	Yes etter rul	0 X No		

	Form 5500-SF 2012 Page 3 - 1							
			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information	
For calendar plan year 2012 or fiscal plan year beginning 1/1/2012 and ending	12/31/2012
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer)	
B This return/report is:	u one-participant plan
an amended return/report a short plan year return/report (less than 12 n	nonthe)
C Check box if filing under: Form 5558 automatic extension	DFVC program
special extension (enter description)	_ bi vo program
Part II Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit
Mohawk Customs & Shipping Corp. 401k Plan	plan number 001
	1c Effective date of plan
	11/1/1992
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number
Mohawk Customs & Shipping Corp.	(EIN) 161444116
	2c Sponsor's telephone number 3154553003
P.O. Box 3065	2d Business code (see instructions)
Syracuse NY	541990
13220	
3a Plan administrator's name and address /Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN
	30 Addition
	3c Administrator's telephone number
	i e
4 If the name and/or FIN of the pion proper has changed since the last setup be and filed for this release to	•
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN
name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN 4c PN
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year	4c PN
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	4c PN 5a 82 5b 87
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	4c PN 5a 82 5b 87 5c 67
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a 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 (IO)	4c PN 5a 82 5b 87 5c 67 ✓ Yes No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a 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 (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	4c PN 5a 82 5b 87 5c 67 ✓ Yes No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem) 6a 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 (IQ 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	4c PN 5a 82 5b 87 5c 67 PA) Yes No Form 5500.
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem) 6a 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 (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Isse is established.
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Isse is established.
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem) 6a 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 (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Isse is established.
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Isse is established. Port, including, if applicable, a Schedule and on the best of my knowledge and
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 82 5b 87 5c 67 PA) Yes No Form 5500. Ise is established. Port, including, if applicable, a Schedule and to the best of my knowledge and
a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Isse is established. Port, including, if applicable, a Schedule and on the best of my knowledge and
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	4C PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Is e is established. Port, including, if applicable, a Schedule is, and to the best of my knowledge and Savde La. ual signing as plan administrator ual signing as employer or plan sponsor
a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Ise is established. Port, including, if applicable, a Schedule or, and to the best of my knowledge and Solved La. ual signing as plan administrator
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	4C PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Is e is established. Port, including, if applicable, a Schedule is, and to the best of my knowledge and Savde La. ual signing as plan administrator ual signing as employer or plan sponsor
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	4C PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Is e is established. Port, including, if applicable, a Schedule is, and to the best of my knowledge and Savde La. ual signing as plan administrator ual signing as employer or plan sponsor
a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	4C PN 5a 82 5b 87 5c 67 Yes No PA) Yes No Form 5500. Is e is established. Port, including, if applicable, a Schedule is, and to the best of my knowledge and Savde La. ual signing as plan administrator ual signing as employer or plan sponsor

F	IT III Financial Information	,									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year					
	Total plan assets	7a	18	3879	99	1986216					
	Total plan liabilities	7b			0	<u> </u>					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	18	3879	9		1986216				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:	0.41									
	(1) Employers	8a(1)		7760							
	(3) Others (including rollovers)	8a(2)	2	8162							
h	Other income (loss)	8a(3)	2	4240	0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	1319	10		270.400					
_ d	Benefits paid (including direct rollovers and insurance premiums				572426						
	to provide benefits)	rovide benefits)									
	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			0	******					
g	Other expenses	8g		827	1						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					425009				
i	Net income (loss) (subtract line 8h from line 8c)	81					147417				
j	Transfers to (from) the plan (see instructions)	81		-	0						
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterisi	lic Cod	des in	the Instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No					
	Was there a fallure to transmit to the plan any participant contribut	ione withir	the time period described in		103	NO	Amount				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		✓	0				
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	P (Do not i	nclude transactions reported	10b		✓	0				
C	Was the plan covered by a fidelity bond?			10c	✓		200000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	idelity bor	nd, that was caused by fraud	10d		✓	. 0				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	er persons f the bene	by an insurance carrier, fits under the plan? (See								
	instructions.)			10e	✓		5443				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		✓	0				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	√		36323				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		✓					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part	VI Pension Funding Compliance					L					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete	Sched	lule Si	3 (Form Yes ✓ No				
11a	Enter the amount from Schedule SB line 39					11a					
12	is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	tions	and e	nter th	ne date of the letter ruling				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
L.	Enter the minimum required contribution for this plan year					12b					

	F	Form 5500-SF 2012		Page 3 -						
С	Ente	r the amount contributed by the employer	to the plan for this plan year			12c				
d	Subt	ract the amount in line 12c from the amountive amount)	unt in line 12b. Enter the result	(enter a minus sign to the le	ft of a	12d				
е		the minimum funding amount reported on					Yes	Пи	lo [N/A
Part	VII	Plan Terminations and Transf	ers of Assets							
13a	Has	a resolution to terminate the plan been adop	ted in any plan year?			П ,	∕es 💢	No		
	If "Ye	es,* enter the amount of any plan assets t	hat reverted to the employer th	is year		13a				
b	Were of the	e all the plan assets distributed to particip e PBGC?	ants or beneficiaries, transferre	ed to another plan, or brough	nt under the o	control		П	Yes	× No
С	If du	ring this plan year, any assets or liabilities h assets or liabilities were transferred. (Se	were transferred from this pla	n to another plan(s), identify	the plan(s)	to				
1	3c(1)	Name of plan(s):			1:	3c(2) E	N(s)	1	3c(3) F	PN(s)
Part	VIII	Trust Information (optional)				•			·····	
14a I					14b T	rust's EII	V		······································	