2012 mage: dark Back Starty Ammung 2012 The intermit more starting Review Code (the Code). Note active Back Back Back Back Back Back Back Back	For	rm 5500-SF	Short Form Annual R	•	of Small Employe	ee		OMB Nos. 1210-0110 1210-0089	
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>		Internal Devenue Carries						012	
Inspection Inspection Part I Annual Report Identification Information Colspan="2">Complete all anytes in accordance with the instructions to the Form 5508-SF. Part II Annual Report Identification Information Colspan="2">Complete all anytes in accordance with the instructions to the Form 5508-SF. Colspan="2">Colspan="2" Colspan= Colspan="2" </td <td></td> <td colspan="4">Department of Labor Extrement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605</td> <td colspan="3">(a) of This Form is Open to Public</td>		Department of Labor Extrement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605				(a) of This Form is Open to Public			
Part I Annual Report Identification Information Der calandar play read 202 or fleed bin yeab objering 0.105/2012 and ending 12/31/2012 A This return/report is to: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is a name-of plan in a name-of plan in the first return/report a name-of plan DPVC program Part II Basic Plan Information first return/report in a name-of plan DPVC program DARKER MOTOR COMPANY 401K9 PLAN 1b Three-digit plan number in a number of plan 001 DARKER MOTOR COMPANY 401K9 PLAN 1b Three-digit plan number in a number of plan 001 DARKER MOTOR COMPANY 401K9 PLAN 1b Three-digit plan number 001 12/15/302 DARKER MOTOR COMPANY 401K9 PLAN 1b Three-digit plan number 001 12/15/302 DARKER MOTOR COMPANY 401K9 PLAN 1b Else Motor COMPANY 401K9 PLAN 12/15/302 DARKER MOTOR COMPANY 401K9 PLAN 12/15/302 2b Else plan per number DARKER MOTOR COMPANY 401K9 PLAN 12/15/302 2d Basiness code plan classitis DARKER MOTOR COMPANY 401K9 PLAN 12/15/302 2d Basiness c	Pension Renefit Guaranty Corporation						Ins	pection	
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C Check box if filing under: Grow 5558 development developmen	A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan	
C Check box if filing under: ☐ prom 558 ☐ automatic extension ☐ DFVC program Part II Basic Plan Information—enter all requested information 1 D Three-digit (PN) > 001 13 Name of plan 1 D Three-digit (PN) > 001 1 C Effective date of plan (275) (PBS) 24 Enance of plan administrator name and address; include noon or suite number (employer, if for a single-employer plan) 22 Employer Identification Number (275) (PBS) 2300 E IRELAND GROVE RD BLOOMNGTON, IL 61704 24 Business code (see instructions) (44110 330-063-4301 340 Anna divisitator's name and address; [Same as Plan Sponsor Name [Bame as Plan Sponsor Address (30 Administrator's telephone number 800-462-3278 30-4dministrator's telephone number 800-462-3278 44 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 80-462-3278 40 EIN 45 Total number of participants at the beginning of the plan year 5a 5a 5a 5a 5b 22 56 Cost inverse of the plan saces as of the ori of the plan year 5a 5b 22 No No 58 Total number of participants at the beginning of the plan year <	B This ret	turn/report is:		•					
Part III Basic Plan Information —ener all requested information 13 Name of plan BARKER MOTOR COMPANY 401(K) PLAN 1b The general plan 1c Effective date of plan 1c Encode plan 2d/51965 23 Plan administrator set plan EARCER MOTOR COMPANY 2c 2005 EIRELAND GROVE RD 2c BLOOMINGTON, IL 61704 2d 230 A RETREMENT ADMINISTRATORS INC. DBA BAO WESTERANC DEIVE MOART 3c A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aspensor name 4c A Sponsor since 5a 3c 5a 3c 3c 5a 3c 2c 5a 3c 2c 5a 3c 2c 5a 3c 2c 5a 3c 3c 5a 3c 3c 5a 3c							-		
Part II Basic Plan Information—enter all requested information 1a Name of pinn BARKER MOTOR COMPANY 401(K) PLAN 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARKER MOTOR COMPANY 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARKER MOTOR COMPANY 2b Employer Identification Number (EIN) 37-0730430 2rms E IARELAND GROVER RD BLOOMINGTON, IL 61704 2d Business code (see instructions) 441110 3b Administrator's name and address. Same as Plan Sponsor Alares MOLART 3b Administrator's name and address. Same as Plan Sponsor Address MOLART 3b Administrator's telephone number 0300-452-3271 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 for anticipants at the beginning of the plan year. 5a 3c 3a Total number of participants at the enginning of the plan year. 5a 3c 3c 3b Total number of participants with account blances as of the end of the plan year. 5a 3c 3c 3b Total number of participants at the edge invested in eligible assets? (See instructions.). Yee No Yee No 5a	C Check	box if filing under:	╡ └┘				DFVC progra	ım	
1a Name of plan 1b Three-digit plan number (PN) > 001 1c Effective date of plan number (PN) > 001 1c Effective date of plan number (PN) > 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EN) 37-0734350 2cos E IRELAND GROVE RD 2c Sponsor's telephone number 300-663-4391 2d Business code (see Instructions) 441110 3a Plan administrator's name and address. Same as Plan Sponsor Name Same as Plan Sponsor Address MCLEAN, VA 22102 3b Administrator's telephone number 300-462-3270 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3b ponsor's name 3c Administrator's telephone number 300-462-3270 5a Total number of participants at the digning of the plan year 5a 5b 28 2c Sponsor's name 5b 7c 200-7c				,					
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Ic Effective date of plan 12/15/1985 Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BANCKER INCTOR COMPANY Zb Employer (dentification Number (EN) 37-07-38450 2030 E. IRELAND GROVE RD BLOOMINGTON, IL 61704 Zc Sponsor's telephone number 300-663-4391 Zd 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 300-663-4391 Zd ADA RETIREMENT ADMINISTRATORS INC. DBA 8400 WESTRARK DRIVE MCLEAN, VA 22102 Zb Administrator's EN 31-1205/02 3c Administrator's file sponsor's telephone number 300-662-3276 Status 31-1205/02 Zd 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. Zs Sa 35 5G Total number of participants at the end of the plan year Sa 35 5D Total number of participants at the end of the plan year Sa 35 6A Were all of the plan's assets during the plan year invested in eligible assets? (Scie instructions.) Y Yei No 16 Arey and the plan sponsor has changed since the nate area nanot use Form 5500-57 Scie 22 6a <td></td> <td>•</td> <td>) PLAN</td> <td></td> <td></td> <td>IJ</td> <td>plan number</td> <td>001</td>		•) PLAN			IJ	plan number	001	
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ADART MCLEAN, VA 22102 3c Administrator's telephone number 800-462-3278 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 4 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 5b Total number of participants at the end of the plan year 5a c Number of participants at the out of the plan year 5b c Number of participants at the out of the plan year invested in eligible assets? (See instructions.) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No f Yes No More site of participants at the end of this return/report will be assessed unless reasonable cause is established. Under penalties of perity and other penalties set forts in the instructions, i. 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 filling of this return/report will be assessed unless reasonable cause is established. <						3b			
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5a Total number of participants at the beginning of the plan year 5a 35 b Total number of participants at the end of the plan year 5b 29 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 22 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sh 22 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sh Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No 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 return/report will be assessed unless reasonable cause is established. 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 BS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, mow knowledge and belief, it is true, correct, and complete. StGN Filed with authorized/valid electronic signature. 07/26/2013 ALAN B SVEDLOW HERE Signature of plan administrator Date <t< td=""><td>name</td><td>, EIN, and the plan numb</td><td></td><td>last return/report filed fo</td><td></td><td></td><td></td><td></td></t<>	name	, EIN, and the plan numb		last return/report filed fo					
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Section 2014 Image: Section 2014 Image: Section 2014 Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Section 2014 Yes No independent 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: Section 2014 Image: Section 2014 Yes No 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 return/report will be assessed unless reasonable cause is established. 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 BS 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. 07/26/2013 ALAN B SVEDLOW HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	C Numb	er of participants with ac	count balances as of the end of the	plan year (defined bene	efit plans do not				
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.)									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. 07/26/2013 ALAN B SVEDLOW 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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	b Are yo	ou claiming a waiver of th	ne annual examination and report of	an independent qualifie	ed public accountant (IQPA	A)			
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	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individua	al sig	ning as employe	r or plan sponsor	
	Preparer's	name (including firm nan	ne, if applicable) and address; incluc	le room or suite numbe	r (optional) F	Prep	arer's telephone	number (optional)	
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Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a Total plan assets	. 7a	155647	4	1532531					
b Total plan liabilities	. 7b		0						
C Net plan assets (subtract line 7b from line 7a)	. 7c	155647	4		1532531				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al		
a Contributions received or receivable from:	• (1)		•						
(1) Employers	. 8a(1)		0						
(2) Participants	. 8a(2)	1951							
(3) Others (including rollovers)			0						
 b Other income (loss) Total income (add lines \$6(1) \$6(2) \$6(2) and \$h) 	. 8b	18104	-1 				000550		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_			200552		
to provide benefits)	. 8d	22430	1						
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f Administrative service providers (salaries, fees, commissions)	. 8f	19	4						
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						224495		
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-23943		
j Transfers to (from) the plan (see instructions)	. 8j		0						
Part IV Plan Characteristics									
Part V Compliance Questions				Vec	No				
10 During the plan year:	itions within t	the time period described in		Yes	No	Ar	nount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 	uciary Correc	ction Program)	10a	Yes	No X	Ar	nount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b		-	Ar	nount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Correct t? (Do not inc	ction Program) clude transactions reported		Yes	X	Ar	nount 5000		
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 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	uciary Correct t? (Do not ind fidelity bond her persons b of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x	Ar			
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind s fidelity bond her persons h of the benefit an? (See instruct he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		x x x x x x x x	Ar			
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 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plaze Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	uciary Correct t? (Do not ind s fidelity bond her persons to of the benefit an? (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form			
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN