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

2012

This Form is Open to Public Inspection

| | | Complete all entries in | accordance with the instri | ictions to the Form 550 | JU-SF. | | | | | |
|-------------------|---------------------------------------|--|---|--|--|------------------------------|-------------------|--|--|--|
| Part I | | Identification Informatio | | and and a | 40/04/ | 0040 | | | | |
| For calenda | ar plan year 2012 or fis | | 01/2012 | | 12/31/ | | | | | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer | olan (not multiemployer) | a one-participant plan | | | | | |
| B This ret | turn/report is: | the first return/report | the final return/repor | t | | | | | | |
| | | an amended return/report | a short plan year retu | rn/report (less than 12 m | nonths |) | | | | |
| C Check I | box if filing under: | X Form 5558 | automatic extension | | | DFVC progra | ım | | | |
| | | special extension (enter des | scription) | | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested | information | | | | | | | |
| 1a Name | of plan | | | | 1b | Three-digit | | | | |
| CARGO EXP | PRESS, INC. 401(K) P | ROFIT SHARING PLAN | | | | plan number | 004 | | | |
| | | | | | 10 | (PN) | 001 | | | |
| | | | | | 10 | Effective date o | • | | | |
| 2a Plan si | ponsor's name and ad | dress; include room or suite num | nber (employer, if for a single | e-employer plan) | 2h | Employer Identi | | | | |
| CARGO EX | PRESS, INC. | | (, , , , , , , , , , , , , , , , , , , | | | (EIN) 82-03 | | | | |
| | | | | | 2c | 2c Sponsor's telephone numbe | | | | |
| | ECHCRAFT COURT | | | | 208-386-9446 | | | | | |
| BOISE, ID 8 | 33716 | | | | 2d | Business code (| | | | |
| | | | | | ļ., | 48851 | | | | |
| | dministrator's name ar | ш. | | n Sponsor Address | 3b | Administrator's | EIN 96101 | | | |
| ARGO EXP | RESS, INC. | | BEECHCRAFT COURT ID 83716 | | 3c | | elephone number | | | |
| | | 50.02, | 10 001 10 | | | 208-386 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | e plan sponsor has changed sind | e the last return/report filed | for this plan, enter the | 4b | EIN | | | | |
| | , Elin, and the plan hur or's name | mber from the last return/report. | | | 40 | PN | | | | |
| | | at the beginning of the plan yea | r | | 5a | T | 76 | | | |
| | | at the end of the plan year | | | | | 59 | | | |
| | | account balances as of the end | | | 30 | | 39 | | | |
| | | | . , , | • | . 5c | | 17 | | | |
| 6a Were | all of the plan's assets | s during the plan year invested ir | n eligible assets? (See instru | ctions.) | | | X Yes No | | | |
| | | the annual examination and rep | | | | | | | | |
| | | ? (See instructions on waiver elig | | | | | X Yes No | | | |
| | | ther line 6a or line 6b, the plar | | | | | | | | |
| | | or incomplete filing of this retu | • | | | | abla a Cabadula | | | |
| | | ner penalties set forth in the instr nd signed by an enrolled actuary | | | | | | | | |
| belief, it is | true, correct, and comp | olete. | | • | | ŕ | J | | | |
| SIGN | Filed with authorized/ | valid electronic signature. | 07/30/2013 | CARGO EXPRESS, I | NC. | | | | | |
| HERE | | | | | · | | | | | |
| | Signature of plan a | aministrator | Date | Enter name of individ | me of individual signing as plan administrator | | | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of emplo | vor/nlan enoneor | Date | Enter name of individual signing as employer or plan spo | | | r or plan sponsor | | | |
| | | | | | | | | | | |
| Preparer's | | ame, if applicable) and address; | | | | parer's telephone | number (optional) | | | |
| Preparer's | | | | | | parer's telephone | number (optional) | | | |
| Preparer's | | | | | | parer's telephone | number (optional) | | | |
| Preparer's | | | | | | parer's telephone | number (optional) | | | |
| Preparer's | | | | | | parer's telephone | number (optional) | | | |

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| Por | t III Financial Information | | - | | | | |
|-------------|---|------------|---------------------------------|---------|---------|---------------------------|-----------------------------------|
| <u> Par</u> | Plan Assets and Liabilities | | (a) Baginning of Vac | | 1 | | (h) End of Voor |
| | Total plan assets | 7a | (a) Beginning of Yea | | | (b) End of Year 180137 | |
| | Total plan liabilities | 7a 7b | 30000 | 00 | | | 100137 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 38088 | 36 | | 180137 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | ,,, | | | (b) Total |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) Total |
| | (1) Employers | 8a(1) | 2393 | 88 | | | |
| | (2) Participants | 8a(2) | 4749 | 92 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| <u>b</u> | Other income (loss) | 8b | 2448 | 35 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 95915 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 29582 | 27 | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | |
| <u>g</u> | Other expenses | 8g | 83 | 37 | _ | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 296664 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -200749 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | |
| Par | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | 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 | les from the List of Plan Chara | cterist | ic Coc | les in t | he instructions: |
| | | | | | | | |
| Part | V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | X | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | , | • | 10b | | X | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 40000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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 o | | • • | 40- | X | | 0004 |
| | instructions.) | | | 10e | | X | 2394 |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | | |
| <u>g</u> | Did the plan have any participant loans? (If "Yes," enter amount a | | · | 10g | | X | |
| h | 2520.101-3.) | | | 10h | | X | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | |
| Part | VI Pension Funding Compliance | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 11a | |
| 12 | 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | ERISA? Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mor | ıth | , and 6 | enter th Day | ne date of the letter ruling Year |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (For | m 5500), and skip to line 13. | | 1 | | Т |
| 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

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

i.

2012

This Form is Open to Public Inspection

| | Complete all entries in accordan | ice with the High do | tions to the Form 550 | 0-3F. | | | | |
|--|---|--------------------------|-----------------------------|---|--------------------------|--|--|--|
| Part I | Annual Report Identification Information | 01/2012 | and ending | | (===== | | | |
| For calenda | wi pian jam | 12/31/2012 | | | | | | |
| A This return/report is for: | | | | | participant plan | | | |
| B This ret | the first return/report the | e final return/report | | | | | | |
| | an amended return/report as | hort plan year return | /report (less than 12 m | onths) | | | | |
| C Check i | | tomatic extension | | DFVC | program | | | |
| | special extension (enter description) | | | | <u></u> | | | |
| Part II | Basic Plan Information—enter all requested information | n | | | | | | |
| 1a Name | | | | 1b Three-dig | · I | | | |
| Cargo : | Express, Inc. 401(k) Profit Sharing Pl | an | | plan num (PN) ▶ | Der | | | |
| | · | | | | data at plan | | | |
| • | | | | 1c Effective date of plan 01/01/1997 | | | | |
| 2a Plan si | ponsor's name and address; include room or suite number (emp | lover, if for a single-e | emplover plan) | 2b Employer Identification Number | | | | |
| Cargo I | Express, Inc. | ,, | | (EIN) 82-0396101 | | | | |
| | _ | | | | s telephone number | | | |
| 1356 E | . Beechcraft Court | | • | | 36-9446 | | | |
| | | | | 2d Business | code (see instructions) | | | |
| Boise | ID 83716 | | | 488510 |) , | | | |
| 3a Plan a | dministrator's name and address Same as Plan Sponsor Nam | e Same as Plan | Sponsor Address | 3b Administr | | | | |
| Cargo I | Express, Inc. | _ | | 82-035 | | | | |
| - | - · · | | | 1 | ator's telephone number | | | |
| 1356 E | . Beechcraft Court | | | 208-38 | 6-9446 | | | |
| | | | | | | | | |
| Boise | ID 83716 | | | | | | | |
| | | | | | | | | |
| 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. | | | | | <u> </u> | | | |
| a Sponsor's name | | | | | | | | |
| 5a Total number of participants at the beginning of the plan year | | | | 5a | 76 | | | |
| b Total r | number of participants at the end of the plan year | | | 5b | 59 | | | |
| C Numb | er of participants with account balances as of the end of the plan | vear (defined bene | fit plans do not | | | | | |
| | ete this item) | | · · | 5c | 17 | | | |
| 6a Were | all of the plan's assets during the plan year invested in eligible a | issets? (See instruct | ions.) | ************************ | 🛛 Yes 🗌 No | | | |
| | ou claiming a waiver of the annual examination and report of an i | | | | | | | |
| | 29 CFR 2520.104-46? (See instructions on waiver eligibility and | • | | | X Yes No | | | |
| | answered "No" to either line 6a or line 6b, the plan cannot | | | | | | | |
| | penalty for the late or incomplete filing of this return/report | | | | | | | |
| Under pena | alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a | declare that I have o | examined this return/report | port, including, if | applicable, a Schedule | | | |
| | true, correct, and complete. | as the electronic vert | ion of this return report | t, and to the bes | corresponding | | | |
| | | -6.1. | | | | | | |
| SIGN HERE | Dunde-Achi | 7/23/13 | Cargo Express | | | | | |
| 116146 | Signature of plan administrator | Date | Enter name of individ | | lan administrator | | | |
| SIGN | Dunch Achul | 7/23/13 | Cargo Express | , Inc. | | | | |
| HERE | Signature of employer/plan sponsor | Date | | | mployer or pian sponsor | | | |
| Preparer's | name (including firm name, if applicable) and address; include r | oom or suite numbe | (optional) | Preparer's tele | ephone number (optional) | | | |
| | | | | | | | | |
| | | | | | | | | |
| ! | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | rt III Financial Information | | | | <u> </u> | | | |
|--|---|--|---|---|----------|---------------------------|---|-----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | г | | | (b) End of Year | |
| а | Total plan assets | 7a | 38 | 8808 | 6 | | 1801 | L37 |
| b | Total plan liabilities | 7b | | | 1 | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 38 | 3088 | 6 | | 1801 | L37 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | |
| а | Contributions received or receivable from: | n=(d) | 2 | 2393 | В | | | |
| | (1) Employers | 8a(1) | | 749 | + | | 1 | |
| | (2) Participants | 8a(2) | | | 1 | | | |
| | (3) Others (Including rollovers) | 8a(3) 8b | | 2448 | 5 | | | |
| _ | Other income (loss) | 8c | | | _ | | 959 | 915 |
| | Benefits paid (including direct rollovers and insurance premiums | | | | - | | | |
| u | to provide benefits) | 8d | 29 | 582 | 7 | | | • |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | |
| g | Other expenses | . 8g | <u>.</u> | . 83 | 7 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | , | 2966 | 664 |
| ī | Net income (loss) (subtract line 8h from line 8c) | . 8i | <u> </u> | | | | -2007 | 749 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Chara | cteris | tic Co | des in | the instructions: | |
| | 2E 2F 2G 2J 2K 3D | | | | | 1 . 41 | | — |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | es from the List of Plan Charac | cterist | ic Coa | es in ti | ne instructions: | |
| Par | t V Compliance Questions | | | | | - | | |
| 10 | During the plan year: | | • | | Yes | No | Amount | |
| | Was there a failure to transmit to the plan any participant contribu | ıtions withi | n the time period described in | | | 75 | 7101004111 | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid | uciary Con | ection Program) | 10a | | Х | | |
| t | Were there any nonexempt transactions with any party-in-interes | t? (Do not | include transactions reported | | | | | |
| c | on line 10a.) | | | 10b | | х | | |
| • | | **!*********** | | 10b 10c | Х | x | 400 | 000 |
| | Was the plan covered by a fidelity bond? | fidelity bo | nd, that was caused by fraud | | Х | x | 400 | 000 |
| • | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot | fidelity bo | nd, that was caused by fraud | 10c | X | | 400 | 000 |
| • | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all | indelity bo | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10c | X | | | 394 |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) | i fidelity bo her persor of the ben | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10c 10d 10e | | x | | |
| - f | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plantage of the p | her person of the ben | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10d 10d 10e | | X | | |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a | her person of the ben an? | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10c 10d 10e | | x | | |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? | her person of the ben an? | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10d 10d 10e | | X | | |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a | her person of the bening an? | nd, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) uctions and 29 CFR | 10c 10d 10e 10f 10g | | x | | |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | her person of the bening an? | nd, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) uctions and 29 CFR | 10c 10d 10e 10f 10g 10h | | x | | |
| | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | her person of the ben- an? as of year of (See instruction require on 1-3 | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the | 10c 10d 10e 10f 10g 10h | X Sche | X X X dule SE | 23 3 (Form | |
| f S I Par 11 | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.16 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer | her person of the ben- an? as of year of (See instruction require on the require of the require | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes,* see instructions and con | 10c 10d 10e 10f 10g 10h | Sche | X X X dule SE | 23 3 (Form | 394 |
| f S I Par 11 | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 to YI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) | her person of the bendan? | nd, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) uctions and 29 CFR d notice or one of the | 10c 10d 10e 10f 10g 10h 10i | X | X X X dule SE | 3 (Form Yes | 394 |
| f S I I I I I I I I I I I I I I I I I I | Did the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 to 17 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | her person of the bendan? as of year of (See instruction require 11-3 | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code cable.) | 10c 10d 10e 10f 10g 10h 10i | Sche | X X X Adule SE | 23 3 (Form Yes ERISA? Yes X | 394 |
| f S I I I I I I I I I I I I I I I I I I | Did the plan tave a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 to 17 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 | her person of the bendan? as of year of the require of the requir | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code cable.) ted in this plan year, see instru | 10c 10d 10e 10f 10g 10h 10i nplete | Sche | X X X Adule SE | 23 (Form Yes ERISA? Yes he date of the letter ruling | 394 |
| f S I I 11 11 12 12 12 12 12 12 12 12 12 12 12 | Did the plan tave a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 to 17 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 | her person of the bendan? as of year of the require of the requir | nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code cable.) ted in this plan year, see instru | 10c 10d 10e 10f 10g 10h 10i nplete | Sche | X X X Adule SE 11a 302 of | 23 (Form Yes ERISA? Yes he date of the letter ruling | 394 |

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|-----------|---|---|----------------|-----------|---------------------------------------|---------------|
| | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount) | (enter a minus sign to the left of a | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding | | | Yes | No N/ | Α |
| Part ' | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | Ye | es XN | 0 | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer th | - | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferre | ed to another plan, or brought under the c | ontrol | | Yes 🛚 | No |
| С | If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.) | in to another plan(s), identify the plan(s) t | 0 | | | |
| 1 | 3c(1) Name of plan(s): | 1; | 3c(2) EIN | V(s) | 13c(3) PN(| s) |
| | | ľ | | | , | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| | Name of trust | | 14b Tru | ust's EIN | | |
| | | | | | , | |
| | | | | | | |
| 1 Part | which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): VIII Trust Information (optional) | 13 | Bc(2) EIN | | 13c(3) PN | <u>-</u> - |