Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

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 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

CATALINA CHANNEL EXPRESS, INC.

400 OCEANGATE, SUITE 300
LONG BEACH, CA 90802

2b Employer Identification Number (EIN) 95-3650406

2c Sponsor's telephone number 310-519-7971

2d Business code (see instructions) 721199

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/14/2013	GREG BOMBARD
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	348
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	246
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	303
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	303
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	282
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CATALINA CHANNEL EXPRESS, INC.

D Employer Identification Number (EIN)
95-3650406

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	88689	283	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
31856	5955

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NATIONAL PLANNING CORPORATION
25500 HAWTHORNE BLVD., SUITE 2100
TORRANCE, CA 90505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31856			7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACTUARIAL CONSULTANTS, INC.
2377 CRENSHAW BOULEVARD, SUITE 350
TORRANCE, CA 91501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5955	ADMINISTRATION FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	486563
5	Current value of plan's interest under this contract in separate accounts at year end	5	11646890

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	430391
c	Additions: (1) Contributions deposited during the year	7c(1)	18985		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2329		
	(4) Transferred from separate account	7c(4)	36770		
	(5) Other (specify below)	7c(5)	34		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	58118
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	488509
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1061		
	(2) Administration charge made by carrier	7e(2)	178		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1239
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	487270

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CATALINA CHANNEL EXPRESS, INC.

D Employer Identification Number (EIN)
95-3650406

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 67 28 62 68 59 63	N/A	5239	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ACTUARIAL CONSULTANTS, CIN.

2377 CRENSHAW BLVD, SUITE 350
TORRANCE, CA 90501

33-0024795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 16 70 37 49	N/A	3150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CATALINA CHANNEL EXPRESS, INC.

D Employer Identification Number (EIN)
95-3650406

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	536646

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	1729674

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	528498

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	585446

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	686577

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	74749

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	23480

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245187

a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56612

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50419

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319927

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77957

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31822

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124555

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154793

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20629

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102107

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66563

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180834

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61674

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45800

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68611

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120702

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41653

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218533

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43760

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316290

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18195

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 314975

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11615

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145193

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 548176

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284840

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24914

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190721

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116306

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319696

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123938

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3034746

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CATALINA CHANNEL EXPRESS, INC.

D Employer Identification Number (EIN)
95-3650406

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	112
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	68204	74438
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	317110	359412
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10702576	11646889
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	430391	487270
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11518281	12568121
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4964	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4964	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11513317	12568121

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	230581	
	(B) Participants	2a(1)(B)	539933	
	(C) Others (including rollovers)	2a(1)(C)	6583	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		777097
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2329	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	15187	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17516
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1124830
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		63
d Total income. Add all **income** amounts in column (b) and enter total	2d		1919506
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	855423	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		855423
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9279	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9279
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		864702
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1054804
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BRIGANTE, CAMERON, WATTERS & STRONG **(2)** EIN: 95-4534578

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CATALINA CHANNEL EXPRESS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CATALINA CHANNEL EXPRESS, INC.

D Employer Identification Number (EIN)
95-3650406

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



CATALINA CHANNEL EXPRESS, INC.
401(k) PLAN AND TRUST

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST

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FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

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BRIGANTE, CAMERON, WATTERS & STRONG, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Trustee
CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST
Long Beach, California

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Catalina Channel Express, Inc. 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in the net assets available for benefits for the years then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

BASIS FOR DISCLAIMER OF OPINION

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the trustee, is complete and accurate.

DISCLAIMER OF OPINION

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

OTHER MATTER

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i – Schedule of Assets Held at End of Year, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS

The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brigante, Cameron, Watters & Strong LLP

BRIGANTE, CAMERON, WATTERS & STRONG, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

September 3, 2013
Torrance, California

CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
CASH	$ 112	$ -
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	11,646,890	10,702,576
Guaranteed interest accounts	487,270	430,391
	12,134,160	11,132,967
RECEIVABLES:		
Employer profit sharing contributions	74,438	68,204
Notes receivable from participants	359,412	317,110
	433,850	385,314
LIABILITIES		
Excess contributions payable	-	4,964
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,568,122	$ 11,513,317

The accompanying independent auditors' report and notes are an integral part of these financial statements.

CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PLAN YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Interest earned on guaranteed accounts	$ 2,329	$ 3,228
Interest earned on notes receivable from participants	15,187	14,091
Other income	63	-
Net appreciation (depreciation) in fair value of investments	1,124,830	(113,748)
TOTAL ADDITIONS (SUBTRACTIONS) TO NET ASSETS FROM INVESTMENT INCOME	1,142,409	(96,429)
CONTRIBUTIONS:		
Participant contributions	546,516	511,883
Employer contributions	230,581	214,712
TOTAL CONTRIBUTIONS	777,097	726,595
TOTAL ADDITIONS	1,919,506	630,166
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	855,423	568,937
Administrative expenses	9,278	30,977
TOTAL DEDUCTIONS	864,701	599,914
NET INCREASE	1,054,805	30,252
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	11,513,317	11,483,065
End of year	$ 12,568,122	$ 11,513,317

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Catalina Channel Express, Inc. 401(k) Plan and Trust (hereafter referred to as the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan was established effective January 1, 1988, for all eligible employees of Catalina Channel Express, Inc. (the "Company"). The Plan is a contributory profit sharing plan under section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

ELIGIBILITY

An employee is eligible for participation in the Plan if they are age eighteen or older, completed six months of service and has worked at least 1,000 hours.

CONTRIBUTIONS

Each year, participants may contribute up to 75% of their annual compensation or the maximum allowable annual amount as adjusted by the Secretary of Treasury ($17,000 in 2012 and $16,500 in 2011), as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company matches 100% of the first 2% of annual compensation that a participant contributes to the Plan. The Company made matching contributions of approximately $156,000 and $147,000 for the years ended December 31, 2012 and 2011. In addition, the Company may make an additional discretionary matching and/or profit sharing contribution at the end of each Plan year. The Company made discretionary matching contributions of approximately $74,000 and $68,000 for the years ended December 31, 2012 and 2011, respectively. Contributions are subject to certain limitations, as defined by law.

Additional "catch-up" contributions can be made beginning in the Plan year in which a participant will be at least 50 years of age by the end of the Plan year. The maximum "catch-up" contribution was $5,500 in 2012 and 2011.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the Company's matching contribution and allocations of (a) the Company's discretionary contribution and (b) Plan earnings, net of investment management fees. Allocations are based on participant earnings or account balances, as defined.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

VESTING

Participants are immediately vested in their contributions, employer matching and fail-safe contributions, plus actual earnings thereon. Vesting in the Company's profit sharing contribution, plus actual earnings thereon, is based on continuous years of service as follows (upon termination of service due to death, retirement or disability, a participant will become fully vested):

Years of Service	Percentage Vested
1-2	0%
3	20%
4	40%
5	60%
6	80%
7	100%

INVESTMENT OPTIONS

Upon enrollment in the Plan, participants may direct their contributions in any of the investment fund options available under a group annuity contract with John Hancock Life Insurance Company (U.S.A.), (hereafter referred to as "John Hancock").

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer from the investment funds to the participant notes receivable. Loan terms range from 1-5 years, or longer for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan custodian. Interest rates vary (4.25% to 11.00%) and were based on the prime rate plus 1% at the time of issuance. The prime rate was 3.25% as of December 31, 2012 and 2011. Principal and interest is paid ratably through payroll deductions.

BENEFIT PAYMENTS

Upon termination of service, becoming disabled, or reaching the age of 59 ½ while continuing to work, a participant may elect to receive a lump-sum, installment payment, or annuity contract distribution of their vested balance. There were no amounts allocated to withdrawing participants for benefit claims that have been processed and approved for payment prior to December 31, 2012, but not yet paid as of that date.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

FORFEITURES

At December 31, 2012 and 2011, the Plan did not have any forfeited non-vested accounts. These accounts are used for Plan expenses and any remaining amounts are reallocated to participants during the Plan year.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments in pooled separate accounts are stated at fair value based on the net asset value of the composite portfolio. Net asset value is the fair market value of the securities on the last business day of the Plan fiscal year as certified by John Hancock at December 31, 2012 and 2011, respectively. Investments in guaranteed interest accounts are stated at contract value, which approximates fair value, as certified by John Hancock at December 31, 2012 and 2011, respectively. Contract value represents contributions, plus interest earned at the contract rate, less distributions and expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION (CONTINUED)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned.

Any net unrealized appreciation or depreciation for the year is reflected in the statement of changes in net assets available for benefits. See Note 6 for discussion of fair value measurements.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

BENEFIT PAYMENTS

Benefits to participants are recorded when paid.

PAYMENT OF ADMINISTRATIVE EXPENSES

The Plan pays certain fees to the Plan's custodian, John Hancock, related to maintenance of the group annuity contract. The Company pays all other administrative expenses of the Plan. As such, the Company may be deemed a party-in-interest under the guidelines of ERISA.

NOTE 3 – TAX STATUS AND UNCERTAIN INCOME TAX POSITIONS

TAX STATUS

The Company has received a determination letter dated February 26, 2003 from the Internal Revenue Service stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code, and, therefore, exempt from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to federal and state income tax examinations by taxing authorities for years before 2008 and 2009, respectively.

NOTE 3 – TAX STATUS AND UNCERTAIN INCOME TAX POSITIONS (CONTINUED)

UNCERTAIN INCOME TAX POSITIONS

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan, and determine whether such positions would more likely than not be sustained upon examination by the Internal Revenue Code. The Plan records a liability for uncertain tax positions when it is probable that a loss has been incurred and the amount can be reasonable estimated. Plan management continually evaluates expiring statues of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. The Plan recognizes any interest and penalties related to uncertain tax positions when identified in income tax expense. Management has determined that the Plan does not have any unrecognized uncertain income tax positions as of December 31, 2012 and 2011.

NOTE 4 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The following unaudited information in the financial statements was certified to be complete and accurate by the Plan's custodian, John Hancock, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts relating to investments as enumerated in the Statement of Net Assets Available for Benefits as of December 31, 2012 and 2011.
- All amounts relating to investment income, including interest and net investment gain or loss from pooled separate accounts, as enumerated in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2012 and 2011.
- All amounts enumerated in the Supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2012.

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN CUSTODIAN (CONTINUED)

The following summarizes the fair values of investments held by the Plan as of December 31, 2012 and 2011. Investments that represent 5% or more of the Plan's net assets are separately identified

	2012	2011
Lifestyle Conservative	$ 686,577	$ 498,377
Money Market Fund	$ 3,034,747	$ 3,345,851
Lifestyle Growth	$ 1,729,674	$ 1,110,397

During the years ended December 31, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $1,124,830 and $(113,748) respectively. These investments consisted of pooled separate accounts and guaranteed interest accounts.

NOTE 6 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

LEVEL 1:

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

LEVEL 2:

Inputs to the valuation methodology include:

1. quoted prices for similar assets or liabilities in active markets;
2. quoted prices for identical or similar assets or liabilities in inactive markets;
3. inputs other than quoted prices that are observable for the asset or liability;
4. inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 3:

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Pooled separate accounts: Valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed interest accounts: Valued at contract value, which approximates fair value. Contract value represents contributions made under the contract plus compound interest earned less participant withdrawals and administrative expenses. Interest is earned over a defined term of 3, 5 or 10-years, provided all contributions remain in the account until maturity. Interest rates are established on the first day of the month and apply to all contributions made in the account during the period. Withdrawals taken prior to the end of the guarantee period may be subject to a market value adjustment.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables each set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2012 and 2011.

Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Level 3	Total
Pooled separate Accounts				
Asset Allocation	$ 4,066,841	$ -	$ -	$ 4,066,841
Aggressive Growth	1,348,875	-	-	1,348,875
Growth	1,431,026	-	-	1,431,026
Growth & Income	1,014,739	-	-	1,014,739
Income	750,662	-	-	750,662
Conservative	3,034,747	-	-	3,034,747
Guaranteed interest accounts	-	487,270	-	487,270
Total investments measured at fair value	$ 11,646,890	$ 487,270	$ -	$ 12,134,160

Assets at Fair Value as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Pooled separate Accounts				
Asset Allocation	$ 2,692,589	$ -	$ -	$ 2,692,589
Aggressive Growth	1,545,901	-	-	1,545,901
Growth	1,091,336	-	-	1,091,336
Growth & Income	1,415,022	-	-	1,415,022
Income	611,876	-	-	611,876
Conservative	3,345,852	-	-	3,345,852
Guaranteed interest accounts	-	430,391	-	430,391
Total investments measured at fair value	$ 10,702,576	$ 430,391	$ -	$ 11,132,967

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a common collective trust managed by John Hancock. John Hancock is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from Plan participants and the related interest income are also considered party-in-interest transactions.

NOTE 8 – EXCESS CONTRIBUTIONS

Participants' contributions in the amount of $511,883 for the Plan year ended December 31, 2011 included $4,964 of excess contributions. These excess contributions were returned to various participants by April 15, 2012 and they are included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2011. The Plan did not have any excess contributions for the year ended December 31, 2012.

NOTE 9 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 3, 2013, the date which the financial statements were available to be issued. The Plan's evaluation of subsequent events has determined that there are no events that require additional disclosure.

SUPPLEMENTARY INFORMATION

CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

EIN: 95-3650406
Plan No: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current/Contract value
*	John Hancock Life Insurance Company	**Pooled Separate Accounts:**		
		LS- Conservative	$ *a*	$ 686,577
		LS-Moderate	*a*	585,446
		LS-Balance	*a*	528,498
		LS-Growth	*a*	1,729,674
		LS-Aggress	*a*	536,646
		JPM McValu	*a*	43,760
		Short Term	*a*	123,938
		Total Return	*a*	319,696
		VS Hiyld	*a*	190,721
		AF AM Bal	*a*	284,840
		Spectrum I	*a*	116,306
		Trp Eq Inc	*a*	145,193
		Discipval	*a*	18,195
		AF Fun Inv	*a*	316,290
		VS Value	*a*	61,674
		IDX Small	*a*	31,822
		Discovery	*a*	24,914
		Mid Value	*a*	45,800
		Small Value	*a*	68,611
		Emerg Mk	*a*	23,480
		Blue Chip	*a*	180,834
		Energy	*a*	56,612
		Contra	*a*	314,975
		World	*a*	218,533
		Europac	*a*	154,793
		Health Science	*a*	66,563
		Money Market Fund	*a*	3,034,747
		LMP AGG Growth	*a*	102,107
		Sm Md Growth	*a*	20,629
		Fund LCV	*a*	11,615
		SMCP GR IN	*a*	77,957
		VS Cap App	*a*	41,653
		Develp Mkt	*a*	245,187
		Sciencetec	*a*	319,927
		Heritage	*a*	124,555
		Index 500	*a*	548,176
		VS Rests	*a*	74,749
		Opt ALLCP	*a*	120,702
		VS IT VL	*a*	50,419
		VSSM Growth	*a*	76
		Total pooled separate accounts		$ 11,646,890

** Indicates party-in-interest to the Plan*
a - The cost basis of participant directed investments is not required to be disclosed.

Continued

CATALINA CHANNEL EXPRESS, INC. 401(k) PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

EIN: 95-3650406
Plan No: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current/Contract value
*	John Hancock Life Insurance Company	**Guaranteed Interest Accounts:**		
		3-year Guaranteed Interest Account	*a*	470,926
		5-year Guaranteed Interest Account	*a*	14,344
		10-year Guaranteed Interest Account	*a*	2,000
		Total guaranteed interest accounts		487,270
*	Notes Receivable from Participants	**Interest rates (4.25% to 11.00%)**	*a*	359,412
		Total		$ 12,493,572

** Indicates party-in-interest to the Plan*
a - The cost basis of participant directed investments is not required to be disclosed.



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 88689 THE TRUSTEES OF CATALINA CHANNEL EXPRESS
INC. 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
Retirement Living through 2050	$ 66007936.69	.000000	$ 0.00
Retirement Living through 2045	$ 527047866.97	.000000	$ 0.00
Retirement Living through 2040	$ 524538556.92	.000000	$ 0.00
Retirement Living through 2035	$ 683977908.58	.000000	$ 0.00
Retirement Living through 2030	$ 855293303.66	.000000	$ 0.00
Retirement Living through 2025	$ 980417742.41	.000000	$ 0.00
Retirement Living through 2020	$ 890640494.83	.000000	$ 0.00
Retirement Living through 2015	$ 561748227.34	.000000	$ 0.00
Retirement Living through 2010	$ 362679570.74	.000000	$ 0.00
Retirement Choices at 2050	$ 121306313.50	.000000	$ 0.00
Retirement Choices at 2045	$ 215573710.18	.000000	$ 0.00
Retirement Choices at 2040	$ 293774476.58	.000000	$ 0.00
Retirement Choices at 2035	$ 435302566.07	.000000	$ 0.00
Retirement Choices at 2030	$ 556408982.27	.000000	$ 0.00
Retirement Choices at 2025	$ 648033469.41	.000000	$ 0.00
Retirement Choices at 2020	$ 572124713.33	.000000	$ 0.00
Retirement Choices at 2015	$ 340801796.39	.000000	$ 0.00
Retirement Choices at 2010	$ 224194602.29	.000000	$ 0.00
Lifestyle Aggressive	$ 3262992109.26	34245.133888	$ 536645.73
Lifestyle Growth	$ 9741959258.64	102529.352902	$ 1729674.09
Lifestyle Balanced	$ 10529844943.52	30315.323924	$ 528497.66
Lifestyle Moderate	$ 3261914224.70	33317.586597	$ 585446.41
Lifestyle Conservative	$ 2967413402.57	37836.439232	$ 686577.11
Russell Equity Growth	$ 38470433.12	.000000	$ 0.00
Russell Growth	$ 115639698.61	.000000	$ 0.00
Russell Balanced	$ 130305056.85	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2012
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
Russell Moderate	$ 29663037.44	.000000	$ 0.00
Russell Conservative	$ 21478784.26	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 107681877.22	.000000	$ 0.00
Real Est. Securities Fund	$ 504834023.80	3526.220947	$ 74748.78
Natural Resources Fund	$ 141678023.88	.000000	$ 0.00
DFA Emerging Markets Value	$ 258022835.26	547.855145	$ 23479.70
Royce Opportunity	$ 133972727.39	.000000	$ 0.00
Intl Small Cap Fund	$ 101112789.45	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 32752393.61	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 719845861.37	3769.875955	$ 245186.68
PIMCO Commodity Real Return	$ 11305677.39	.000000	$ 0.00
Energy	$ 486696506.97	734.488108	$ 56611.90
Dodge & Cox International St	$ 15047706.15	.000000	$ 0.00
Keeley Small Cap Value	$ 26334923.44	.000000	$ 0.00
DFA International Value	$ 76076562.67	.000000	$ 0.00
Aberdeen International Equity	$ 949.78	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 32617269.04	.000000	$ 0.00
International Value Fund	$ 229578700.58	2784.556641	$ 50419.46
DFA US Targeted Value Fund	$ 29254189.28	.000000	$ 0.00
Mid Cap Stock Fund	$ 284477707.93	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 283676896.32	12039.530413	$ 319927.02
Columbia Value & Restructuring	$ 0.00	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 121565146.32	.000000	$ 0.00
Small Cap Growth Index	$ 247576773.62	3131.044218	$ 77956.85
Intl Equity Index Fund	$ 200284513.62	.000000	$ 0.00
International Core Fund	$ 34509700.51	.000000	$ 0.00

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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
SMALLCAP World Fund	$ 31742525.13	.000000	$ 0.00
New World Fund	$ 42860861.53	.000000	$ 0.00
Science & Technology Fund	$ 167917283.33	.000000	$ 0.00
Financial Services Fund	$ 78405682.66	.000000	$ 0.00
Small Cap Index Fund	$ 169045499.96	1644.435655	$ 31821.63
American Century Heritage	$ 235607960.35	5508.415704	$ 124554.84
John Hancock Intl Growth	$ 9769166.95	.000000	$ 0.00
Explorer	$ 45807715.28	.000000	$ 0.00
Small Cap Growth Fund	$ 76666586.77	5.397689	$ 75.72
Inv Small Cap Growth	$ 133711681.83	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 70236921.74	.000000	$ 0.00
EuroPacific Growth Fund	$ 720830555.93	3104.928714	$ 154793.37
Franklin Small-Mid Growth	$ 150573884.31	443.058064	$ 20629.13
Pru Jennison 20/20 Focus Fund	$ 50611462.83	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 134212912.61	738.981239	$ 102107.20
Turner Large Growth Fund	$ 2081421.29	.000000	$ 0.00
Thornburg International Value	$ 37080394.56	.000000	$ 0.00
International Growth Fund	$ 50729839.16	.000000	$ 0.00
Brandywine Blue Fund	$ 0.00	.000000	$ 0.00
T. Rowe Price Health Sci	$ 465252211.09	1379.281297	$ 66562.69
Small Cap Opportunities Fund	$ 50203641.95	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 29566043.10	.000000	$ 0.00
Aston/Fairpointe Mid Cap Fund	$ 18808598.60	.000000	$ 0.00
Small Company Value Fund	$ 104652083.11	.000000	$ 0.00
Small Cap Value Index	$ 47362555.33	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 4438289.83	.000000	$ 0.00

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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
Columbia Mid Cap Value	$ 63444093.07	.000000	$ 0.00
Small Cap Value Fund	$ 254853850.98	.000000	$ 0.00
Blue Chip Growth Fund	$ 577189305.13	7349.862339	$ 180833.66
Value Fund	$ 280155332.78	2096.620453	$ 61673.67
Mid Cap Index Fund	$ 381279411.70	1814.239758	$ 45799.90
Franklin Balance Sheet	$ 0.00	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 177881043.44	1299.038472	$ 68610.73
Oppenheimer Global	$ 205911426.33	.000000	$ 0.00
JH Disciplined Value Mid Cap	$ 1463107.74	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 22693514.22	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 129575110.11	6186.693542	$ 120702.13
Mid Value Fund	$ 195972295.96	.000000	$ 0.00
Capital World Growth & Income	$ 104004387.62	.000000	$ 0.00
Capital Appreciation Fund	$ 402506839.15	3181.546164	$ 41652.75
Templeton World	$ 128494296.50	10706.740255	$ 218533.03
Domini Social Equity	$ 63418095.40	.000000	$ 0.00
All Cap Core Fund	$ 17607568.43	.000000	$ 0.00
John Hancock Rainier Grow	$ 2777105.83	.000000	$ 0.00
All Cap Value Fund	$ 88720636.06	.000000	$ 0.00
JPM MidCap Value Fund	$ 271691515.79	1732.647875	$ 43759.59
New Perspective Fund	$ 51605824.28	.000000	$ 0.00
Pru Jennison Mid Growth Fund	$ 79328747.23	.000000	$ 0.00
Fundamental Investors	$ 172099640.29	7258.717398	$ 316289.85
Utilities Fund	$ 105837155.03	.000000	$ 0.00
MFS Utilities	$ 238329675.07	.000000	$ 0.00
Total Stock Market Index Fund	$ 263368734.64	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
JPMorgan Large Cap Growth	$ 5527482.18	.000000	$ 0.00
Victory Diversified Stock	$ 10385728.49	.000000	$ 0.00
John Hancock Disciplined Value	$ 325464578.98	1185.140289	$ 18195.41
Growth Index Fund	$ 99574777.43	.000000	$ 0.00
The Growth Fund of America	$ 787513229.20	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 42023739.97	.000000	$ 0.00
Fidelity ContraFund	$ 403398752.47	3830.592682	$ 314975.06
Fidelity Adv New Insights	$ 71548436.23	.000000	$ 0.00
Mass Investors Fund	$ 39043853.55	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 16761282.49	.000000	$ 0.00
Equity Income Fund	$ 269144869.59	.000000	$ 0.00
Fundamental Large Cap Value	$ 65664225.43	672.607694	$ 11615.49
Davis New York Venture	$ 507337196.54	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 482076951.99	4537.251625	$ 145193.48
Columbia Equity Value	$ 8192091.35	.000000	$ 0.00
Value Index Fund	$ 51485461.13	.000000	$ 0.00
BlackRock Basic Value	$ 12493696.60	.000000	$ 0.00
500 Index Fund	$ 1044330916.29	40321.469301	$ 548176.47
Mutual Beacon	$ 331377676.46	.000000	$ 0.00
FT Founding Allocation	$ 22980147.47	.000000	$ 0.00
Washington Mutual Investors	$ 276579564.51	.000000	$ 0.00
Investment Company of America	$ 212105727.98	.000000	$ 0.00
Parnassus Equity Income	$ 77607605.81	.000000	$ 0.00
U.S. Equity Fund	$ 43285455.92	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 158699364.45	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 35032674.71	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
Capital Income Builder	$ 47699541.15	.000000	$ 0.00
Pax World Balanced Fund	$ 1721989.88	.000000	$ 0.00
Income Fund of America	$ 52244503.59	.000000	$ 0.00
Core Global Diversification	$ 28678160.94	.000000	$ 0.00
American Balanced Fund	$ 545948790.71	11962.108415	$ 284839.65
BlackRock Global Allocation	$ 354905454.41	.000000	$ 0.00
PIMCO All Asset	$ 217523446.62	.000000	$ 0.00
PIMCO All Asset All Authority	$ 3058818.72	.000000	$ 0.00
Mutual Global Discovery	$ 368017602.51	693.776468	$ 24914.38
Core Diversified Grwth & Inc	$ 24617338.21	.000000	$ 0.00
Core Fundamental Holdings	$ 12280566.77	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 5048973.60	.000000	$ 0.00
Alternative Asset Allocation	$ 4570813.61	.000000	$ 0.00
MFS Emerging Markets Debt	$ 838616.57	.000000	$ 0.00
High Yield Fund	$ 380533638.09	11787.102400	$ 190721.01
U.S. High Yield Bond Fund	$ 96586192.19	.000000	$ 0.00
American High-Income Fund	$ 52482498.95	.000000	$ 0.00
Federated High Yield Bond	$ 33125302.69	.000000	$ 0.00
Floating Rate Income Fund	$ 1973644.80	.000000	$ 0.00
Global Bond Fund	$ 85984500.66	.000000	$ 0.00
Real Return Bond Fund	$ 163033963.68	.000000	$ 0.00
PIMCO Global Bond	$ 210336610.49	.000000	$ 0.00
Oppenheimer Intl Bond	$ 109205402.46	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 41119404.71	.000000	$ 0.00
PIMCO Real Return	$ 437380823.81	.000000	$ 0.00
Templeton Global Bond Fund	$ 84603099.55	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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INC. 401(K) PROFIT SHARING PLAN
MONEY INVESTED AS OF DECEMBER 31, 2012

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF CATALINA CHANNEL EXPRESS INC. 401(K) PROFIT SHARING PLAN Total No of Units	Total Value
Capital World Bond Fund	$ 17495736.83	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 239085581.69	6841.036773	$ 116306.48
Payden/Kravitz Cash Balance	$ 3347946.53	.000000	$ 0.00
Strategic Income Opp Fund	$ 269342101.41	.000000	$ 0.00
Active Bond Fund	$ 69324177.89	.000000	$ 0.00
The Bond Fund of America	$ 0.00	.000000	$ 0.00
Investment Qual Bond Fund	$ 76286858.51	.000000	$ 0.00
Total Return Fund	$ 396118722.73	.000000	$ 0.00
Core Bond Fund	$ 81662428.36	.000000	$ 0.00
PIMCO Total Return	$ 1589419842.53	19799.586484	$ 319696.49
Total Bond Market Fund	$ 118947817.02	.000000	$ 0.00
US Government Securities	$ 78451840.50	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 26461586.14	.000000	$ 0.00
Short-Term Federal	$ 456316394.92	9918.394828	$ 123937.89
Money Market Fund	$ 2212460255.64	291439.795579	$ 3034746.42
John Hancock Stable Val	$ 1965363307.45	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon
President, Retirement Plan Services

Production Date(R): DEC/31/2012