Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SWEATMAN PROFIT-SHARING PLAN & TRUST (PN) ▶ 001 1c Effective date of plan 11/01/1984 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SWEATMAN TRUCKING CO INC 91-1250452 (EIN) 2c Sponsor's telephone number 360-288-2496 PO BOX 55 NIELTON, WA 98566 2d Business code (see instructions) 484200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1250452 SWEATMAN TRUCKING CO INC PO BOX 55 NIELTON, WA 98566 3c Administrator's telephone number 360-288-2496 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 109275 Total plan assets..... 7a 7b Total plan liabilities..... 109275 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) **b** Other income (loss)..... 8b 22 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 109297 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 109297 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -109275 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1
----------	---

Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	/ Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art '	/I Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Month							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year		⊢	12c				
d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	. П	No	N/A
art \								
	Has a resolution to terminate the plan been adopted in any plan year?			XY	es	No		
-	f "Yes," enter the amount of any plan assets that reverted to the employer this year							(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur			ntrol		×	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plar	n(s) to			_	1	ш
13	c(1) Name of plan(s):		130	(2) Ell	۱(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	shed.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/06/2012	ANNE SWEATMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

of the Internal Revenue Code (the Code).

Pe	nsion Benefit Guaranty Corporation Complete all entries in accordance with the in	nstructi	ons to the l	Form 5500-SF.	to Public	Inspection		
NUMBER OF STREET	art I Annual Report Identification Information							
	calendar plan year 2011 or fiscal plan year beginning 11/01/2011		and	ending 0	7/31/20	12		
A	This return/report is for: X a single-employer plan a multiple-en	nployer			a one-particip	ant plan		
В	This return/report is: the first return/report the final return					# 00 000 00 00 00 € 0000 00 0000 00 0000 00		
_				ss than 12 mont	ths)			
С	Check box if filing under: Form 5558 automatic ex	Š	70) 85		DFVC program	m		
	special extension (enter description)							
Pa	art II Basic Plan Information - enter all requested information							
	Name of plan		11	Three-digit				
	EATMAN PROFIT-SHARING PLAN & TRUST			plan number ((PN)	001		
			10	Effective date	of plan			
				11/0	1/1984			
2a	Plan sponsor's name and address; include room or suite number (employer, if for single-	employer	plan) 2t	Employer Ider	ntification Num	ber (EIN)		
	EATMAN TRUCKING CO INC			91-1	250452	18 12/26		
			20	Sponsor's tele	ephone numbe	r		
PO	BOX 55		36	0 - 288 - 24	96			
			20	Business cod	e (see instruction	ons)		
NI	ELTON WA 98566			4842	00			
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")	31	Administrator	s EIN			
SA	ME							
			30	Administrator	r's telephone number			
	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort filed t	for this 4t	EIN				
p	olan, enter the name, EIN, and the plan number from the last return/report.							
a	Sponsor's name		40	PN				
	Total number of participants at the beginning of the plan year		2000 1000000		19			
b	Total number of participants at the end of the plan year		5t)	0			
С	Number of participants with account balances as of the end of the plan year (d		1_		0			
-	benefit plans do not complete this item)				0			
	Were all of the plan's assets during the plan year invested in eligible assets? (S				X Y	es No		
D	Are you claiming a waiver of the annual examination and report of an independ				XY	П.,		
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c				<u>A</u> Y	es No		
D.	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF art III Financial Information	and mu	ist instead	use Form 5500.				
7		T	(a) Rogin	ning of Year	(h) Enc	l of Year		
	Plan Assets and Liabilities	7-	(a) begin	109275	(b) End	101 Tear		
	Total plan assets	7a 7b		109273				
b	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7c		109275				
8	Income, Expenses, and Transfers for this Plan Year	10	(a) A	Amount	(b)	Total		
	Contributions received or receivable from:	100000000000000000000000000000000000000	(6)		(5)			
а	(1) Employers	8a(1)						
	(2) Participants	8a(2)			1			
	(3) Others (including rollovers)	8a(3)			1			
h	Other income (loss) SEE STATEMENT 1	8b		22	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		109297	STATEM	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		
e	Certain deemed and/or corrective distributions (see instructions)	8e				-		
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				109297		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-109275		
i	Transfers to (from) the plan (see instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011) v.012611

Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

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

	Oli Overtions								
Par	······································				Yes	No	۸۰	nount	
	During the plan year:	anatributions within the tir	ma paried described		res	INO	AI	nount	
	Was there a failure to transmit to the plan any participant			10a		Х			
	n 29 CFR 2510.3-102? (See instructions and DOL's			TUa					
	Were there any nonexempt transactions with any			10b		Х			
	transactions reported on line 10a.)			10c		X			
	Was the plan covered by a fidelity bond?			100		- 11			
	Did the plan have a loss, whether or not reimburse			104		Х			
	was caused by fraud or dishonesty?			10d					
	Were any fees or commissions paid to any brokers carrier, insurance service or other organization that								
				10e	1	Х			
	the plan? (See instructions.) Has the plan failed to provide any benefit when du			10f		X			
				10g		X			
	Did the plan have any participant loans? (If "Yes,"			rug		21			
	If this is an individual account plan, was there a bl			101		Х			
	and 29 CFR 2520.101-3.)		E C	10h		Λ			
	If 10h was answered "Yes," check the box if you			40:		х			
Par	of the exceptions to providing the notice applied uVI Pension Funding Compliance	Inder 29 CFR 2520.101	.3	10i		Λ			
********	Is this a defined benefit plan subject to minimum f	funding requirements? (If "Yes " see instructions	and	comp	lete			
	Schedule SB (Form 5500))						П	Yes	No
	Is this a defined contribution plan subject to the m								
	section 302 of ERISA? (If "Yes," complete 12a or						П	Yes	X No
	If a waiver of the minimum funding standard for a								beaut.
	ruling granting the waiver.					y		ar	
	ou completed line 12a, complete lines 3, 9, and					() (i)			
2000	Enter the minimum required contribution for this p					12b			
	Enter the amount contributed by the employer to					12c			
	Subtract the amount in line 12c from the amount				SOME STATE				
	the left of a negative amount)					12d			
	Will the minimum funding amount reported on line					Ye	s N	0	N/A
******	VII Plan Terminations and Transfe								
	Has a resolution to terminate the plan been adopt	ed in any plan year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that					13a			C
	Were all the plan assets distributed to participant					•	1000		50_H
	under the control of the PBGC?						X	Yes	No
	If during this plan year, any assets or liabilities we							sets or	
	liabilities were transferred. (See instructions.)								
13	Sc(1) Name of plan(s):				13c(2)	EIN(s)		13c(3)	PN(s)
					=11800				
				-1-2-5-21					
Caut	ion: A penalty for the late or incomplete filing o	f this return/report wil	l be assessed unless re	easor	nable	cause is	establish	ed.	
	enalties of perjury and other penalties set forth in the instructions, by an enrolled actuary, as well as the electronic version of this return.						Schedule MB	completed	and
SIGN	Come Sugatora	09/06/2012	ANNE SWEATM	ΔN					
HERI	Signature of plan administrator	Date	Enter name of individu		ning a	s plan a	dministrator		
	organization of plant definition action	Julio	2or manio or marvido	ai sigi	g a	- pian a			
SIGN									
HER	Signature of employer/plan sponsor	Date	Enter name of individu	al sio	nino a	s emplo	ver or plan	sponso	
	. Signification of Children (Children application)						Person ! .		