	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee		2011
	Department of Labor	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058		This Form is Open to Public
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).		Inspection
	· ·	Complete all entries in accord lentification Information	dance wit	h the instructions to the Form 5500	)-SF.	
	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011
Α -	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the first return/report	the final r	eturn/report		
	, , ,	an amended return/report	a short pla	an year return/report (less than 12 mc	onths)	
C	Check box if filing under:	Form 5558	automatic	c extension		DFVC program
		special extension (enter descriptio	n)			
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation			
	Name of plan				1b	Three-digit
MER	CY 1 TRANSPORTATION 401(	K) PLAN				plan number (PN) ▶ 001
					1c	Effective date of plan
					-	10/01/2009
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 20-4455941
					20	(EIN) 20-4455941 Sponsor's telephone number
1102	3 NE BURTON RD				20	360-896-5156
	COUVER, WA 98682				2d	Business code (see instructions) 485990
	Plan administrator's name and CY 1 TRANSPORTATION	address (if same as plan sponsor, er 11023 NE BU	RTON RD		3b	Administrator's EIN 20-4455941
		VANCOUVEF	R, WA 986	82	3c	Administrator's telephone number 360-896-5156
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN 20-4455451
а	name, EIN, and the plan numb Sponsor's nameMERCY 1 TRA				4c	PN 001
	•	the beginning of the plan year			5a	19
b	Total number of participants at	the end of the plan year			5b	10
С	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not		10
	1 /				5c	10 X Yes No
ba b				(See instructions.) Ident qualified public accountant (IQF		X Yes No
	under 29 CFR 2520.104-46? (	See instructions on waiver eligibility a	and conditi	ions.)		X Yes No
Da	If you answered "No" to eith rt III Financial Informa		orm 5500-	SF and must instead use Form 550	00.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
'a			7a	16600		60642
b	•					
С	Net plan assets (subtract line 7	'b from line 7a)	7c	16600		60642
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or recei		80(1)	44000		
			8a(1) 8a(2)		_	
		)	8a(3)			
b	() ()		8b	42		
С		8a(2), 8a(3), and 8b)	8c			44042
d	Benefits paid (including direct i	ollovers and insurance premiums				
•	, ,	ive distributions (see instructions)	8d		_	
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f			
ı g		s (salaries, rees, commissions)	81 8g			
9 h	·	Be, 8f, and 8g)	8h			0
i		e 8h from line 8c)				44042
j		ee instructions)				
				L		

Page 2 - 1

## 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 2F 2G 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Duri	ng the plan year:		Yes	No	А	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х			
С	Was	s the plan covered by a fidelity bond?	10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		x			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did 1	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	s 🗌 No
lf y b	(If "Y If a v gran <b>/ou c</b> e Ente	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the waiver	ctions, th	, and e	enter th Day <b>12b</b>	e date of the		uling
c d		r the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12c			
u		tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?	·····		١	′es X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	s 🗙 No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)			
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3	<b>3)</b> PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.		
Unde	r pen	alties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	Jrn/rei	oort. ir	ncludin	g. if applicab	e. a Sc	hedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ELIZABETH M. HARRIS
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

Mercy I Trans Kontaction René R Jones From

TO 503 364-6901 PAX =

**[NOTE TO USER:** 

- A copy of this authorization must be kept in your records (but is not included in the filing).
- You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.
- To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".]

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of \_\_Professional Benefit Services, Inc.\_\_\_("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 2011 \_\_\_\_.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the . Department of Labor on the internet for public disclosure. (Not applicable if this is a one participant 5500SF filing.)
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 10-10-2012 By: Elizabeth Harris

Elizabeth Harris of Mercy 1 Transportation, Inc.

Department of the Treatory Information Revenues Banch     Benefit Plan     2011       Department of Labor Produce Banch     This form is regulated to be field under sections 104 and 4055 of the Employee the Internal Revenue Code (the Code).     This form is regulated to be field under sections 104 and 4055 of the Employee the Internal Revenue Code (the Code).     This form is open to Inspection       Pendem Bendit Guarany Corporation     • Complete all outFields in accordance with the instructions to the Form 6600-SF.     This form is open to Inspection       Part II     Annual Report Identification Information     01/01/2001     and ending     12/31/2001       A This return/report is for:     B single-employer plan     a multiple-employer plan (not multiemployer)     a one-participant plan       B This return/report is     the first return/report     is about plan year return/report     a one-participant plan       C Check box if filing under:     Special extension (enter description)     DFVC program     DFVC program       Part II     Basic Plan Informationenter all requested information     1b     There-digit plan number (PN) b     001       2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     2b     Employed Merification N: (EIN) 20 - 4455941       11023 NE Burton Rd     VA     98682     3b	o Public
Internal Reservice     2011       Department of Lass?     This form Is required to be field under sections 6057(0) and 6058(a) of the Internal Revenue Code (Internal Network Code).     This form is Open to Impose Board Code (Internal Network Code).       Part I     Annual Report Identification Information     12/31/2011     This Form is Open to Impose Board (Internal Plan year Code).       Part I     Annual Report Identification Information     12/31/2011     and ending     12/31/2011       A This return/report is for:     If a single-employer plan is form 556     a wultiple-employer plan (Internal return/report)     a one-participant plan is special extension (enter description)     DFVC program       Part II     Basic Plan Informationenter all requested information     If the final return/report (less than 12 months)     DFVC program       Part II     Basic Plan Informationenter all requested information     1b Three-digit plan number     DFVC program       A Part B plan     Special extension (enter description)     DFVC program     20 = 0.01/01/2009       2a Plan sponsor's name and addresse; include room or suite number (employer, if for a single-employer plan)     B Employer Identification Nu (EN) 20-4455941       11023 NE Burton Rd     98682     3b Administrator's name and address (if same as plan sponsor, enter "Same")     3b Administrator's EN 20-44559941 </td <td>umber</td>	umber
The internal Revenue Code (the Code).   This form is Open to Inspection     Periodic Bearing Composition   Complete all entries in accordance with the instructions to the Form 5600-SF.     Part 1 Annual Report Identification Information     For calender plan year 2011 or fiscal plan year beginning   01/01/2011   and ending   12/31/2011     A This return/report is for:   a single-employer plan   a multiple-employer plan (to thuiltemployer)   a one-participant plan     B This return/report is for:      B may mended return/report   a shot plan year return/report (less than 12 months)     C Check box if filing under:      B Form 5560   automatic extension   DFVC program     Special extension (enter description)     Part II   Basic Plan Information-enter all requested information     11     Tansportation 401 (k) Plan     Mercy 1 Transportation     10001     Depriver return/report     1002 NB Burton Rd     Vancouvez:   VA     Vancouvez:     Vancouvez:   VA   98682	umber
Part I   Annual Report Identification Information     For calendar plan year 2011 or fiscal plan year beginning   01/01/2011   and ending   12/31/2011     A This return/report is for:   If a single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan     B This return/report is:   If the first return/report   a short plan year return/report (less than 12 months)     C Check box if filing under:   If form 5558   automatic extension   DFVC program     Image: State Plan Information - enter all requested information   10   The return/report (less than 12 months)     Part II   Basic Plan Information - enter all requested information   Image: Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   001     Mercy 1   Transportation   20   Effective date of plan 10/01/2009     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Nu (EIN) 20-4455941     Mercy 1   Transportation   2c Sponsor's tabephone num   360-896-5156     2d Business code (see Instru   30 Administrator's telephone num   360-896-5156     Vancouver   WA   98682   3a Plan administrator's telephone num     3do -896-5156   2d A	umber
For calendar plan year 2011 or fiscal plan year beginning   01/01/2011   and ending   12/31/2011     A This return/report is for:   a single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan     B This return/report is:   the first return/report   a short plan year return/report   a one-participant plan     C Check box if filing under:   A form 5558   automatic extension   DFVC program     Part II   Basic Plan Information—enter all requested information   1b   Three-digit plan number (PN)     1a Name of plan   Part II   Effective date of plan   plan number (PN)     Mercy 1   Transportation   1c   Effective date of plan 10/01/2009     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b   Employer Identification Nu (EIN) 20-4455941     10023   NE Burton Rd   20-8682   2c   Sponsor's telephone num 360-896-5156     2d   Business code (see instru 48559 0)   3b   Administrator's telephone score 360-836-5156     2d   Business and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b   EIN 20-4455941     12023   NE Burton Rd	umber
A This return/report is for:   □ a single-employer plan   □ a multiple-employer plan (not multilemployer)   □ a one-participant plan     B This return/report is:   □ the first return/report   □ a short plan year return/report   □ a short plan year return/report     C Check box if filing under:   □ FORD 5568   □ automatic extension   □ DFVC program     Special extension (enter description)   □ participant plan   □ DFVC program     Part II   Basic Plan Information—enter all requested information   1     1a Name of plan   □ DFVC program   □ plan number     Mercy 1   Transportation 401 (k)   Plan   001     1c   Effective date of plan   10/01/2009   2     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b   Employer identification Nu     Mercy 1   Transportation   1   2c   Sponsor's telephone num     10/01/2009   2a   Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)   2b   Employer identification Nu     (EIN) 20 - 4455941   10/023 NE   Burton Rd   2c   Sponsor's telephone num     10/012 009   3a   Plan administrator's tells   B	umber
B This return/report is:   the first return/report   the first return/report     B This return/report is:   an amended return/report   a short plan year return/report (less than 12 months)     C Check box if filing under:   Form 5568   automatic extension   DFVC program     Part II   Basic Plan Information—enter all requested information   1b Three-digit plan number (PN)   001     1a Name of plan   Ib Three-digit plan number (PN)   001   1c Effective date of plan 10/01/2009     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Nu (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num 360-896-51156     Vancouver   WA 98682   2d Business code (see instru 485990)     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's telephone num 360-896-51156     Vancouver   WA 98682   3c Administrator's telephone socie socies for the plan sponsor's name and address (if same as plan sponsor, enter "Same")   3b Administrator's telephone socie socies for the last return/report field for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, ente	umber
Image: Second	
C Check box if filing under:   Form 5558   automatic extension   DFVC program     Part II   Basic Plan Information—enter all requested information   1   The name of plan   1     1a Name of plan   Ib   Three-digit plan number (PN)   001     1c   Effective date of plan 10/01/2009   1   C Effective date of plan 10/01/2009     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b   Employer Identification Nu (EN) 20 - 4455941     11023 NE Burton Rd   2c   Sponsor's telephone num 360-896-5156   2d     Vancouver   WA   98682   2d   2d-4455941     11023 NE Burton Rd   2c Administrator's name and address (if same as plan sponsor, enter "Same")   3b   Administrator's telephone num 360-896-5156     Vancouver   WA   98682   2d   2d-4455941     11023 NE Burton Rd   3c Administrator's telephone 360-296-5156   2d     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   4c PN 001     5a   Total number of participants at the beginning of the plan year   5b   5c     6a   5b   5c <td< td=""><td></td></td<>	
Special extension (enter description)     Part II   Basic Plan Informationenter all requested information     1a Name of plan   Ib   Three-digit plan number (PN) >     Mercy 1   Transportation 401 (k) Plan   1b   Three-digit plan number (PN) >     2a   Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b   Employer Identification Nu (EIN) 20.9     2a   Plan spontation   2b   Employer Identification Nu (EIN) 20.4455941     11023   NE   Burton Rd   2c   Sponsor's telephone num 360-496-5156     Vancouver   WA   98682   2d   2d 485990     3a   Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b   Administrator's telephone num 360-496-5156     Vancouver   WA   98682   2d   2d-4455941     11023   NE   Burton Rd   3c   Administrator's telephone 360-496-5156     Vancouver   WA   98682   3b   Administrator's telephone 360-496-5156     4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b   EIN 20-4455451 <t< td=""><td></td></t<>	
Part II   Basic Plan Information—enter all requested information     1a Name of plan   1b Three-digit plan number (PN) ▶   001     Mercy 1 Transportation 401(k) Plan   1c Effective date of plan 10/01/2009   001     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer identification Nu (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num 360-896-5156     2d Business code (see Instru 485990     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's telephone 360-896-5156     2d Business code (see Instru 485990   3c Administrator's telephone 360-896-5156     4 If the name and/or EIN of the plan sponsor has changed since the last return/report   4c PN 001     5a Total number of participants at the beginning of the plan year   6a     b Total number of participants at the end of the plan year   6a     c Number of participants at the end of the plan year   6b     c Number of participants at the plan puer invested in eligible assets? (See instructions.)   5c     6a   5c     6a   5c	
1a Name of plan   1b Three-digit plan number     Mercy 1 Transportation 401 (k) Plan   1b Three-digit plan number     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   1c Effective date of plan 10/01/2009     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer identification Nu (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's tame and address (if same as plan sponsor, enter "Same")   2d Business code (see Instru-485990)     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   98682   3c Administrator's tellephone num 360-896-5156     2d Business code (see Instru-485990)   3b Administrator's tellephone 360-896-5156     11023 NE Burton Rd   98682   3c Administrator's tellephone 360-896-5156     11023 NE Burton Rd   Yea   98682   3c Administrator's tellephone 360-896-5156     11023 NE Burton Rd   Yea   98682   3c Administrator's tellephone 360-896-5156     1 fithe name and/or EIN of the plan sponsor has changed since the last return/report   4c PN 001   5a     5a Total number of participants at the end of the plan year   5a   5b   5c     6a Were all of the plan's assets during the plan ye	
Mercy 1 Transportation 401 (k) Plan   plan number (PN)   001     11 C Effective date of plan 10/01/2009   1     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer identification NU (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num 360-896-5156     Vancouver   WA 98682     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")     Mercy 1 Transportation     11023 NE Burton Rd     Vancouver   WA 98682     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")     12023 NE Burton Rd     12023 NE Burton Rd     12023 NE Burton Rd     12023 NE Burton Rd     20-4455941     20-4455941     20-4455941     20-4455941     20-4455941     20-4455941     20-4455941     20-4455941     20     40 Istartor the	
(PN)   001     2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   1c Effective date of plan 10/01/2009     2b Employer identification Nu   (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num 360-896-5156     Vancouver   WA 98682     2d Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     12023 NE Burton Rd   2c Sponsor's telephone num 360-896-5156     Vancouver   WA 98682     3d Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     12023 NE Burton Rd   3c Administrator's EIN 20-445541     12023 NE Burton Rd   3c Administrator's EIN 20-4455451     4 If the name and/or EIN of the plan sponsor has changed since the last return/report   4c PN 001     5a Total number of participants at the beginning of the plan year   5a     5a Total number of participants at the beginning of the plan year   5b     c Number of participants with account belances as of the end of the plan year (defined benefit pla	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Nu (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num 360-896-5156     Vancouver   WA 98682     Vancouver   WA 98682     Vancouver   WA 98682     2d Business code (see instru 4855941     11023 NE Burton Rd   20-896-5156     2d Business code (see instru 4855941     11023 NE Burton Rd   20-4455941     11023 NE Burton Rd   3c Administrator's EIN 20-4455941     11023 NE Burton Rd   98682     Vancouver   WA 98682     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 form the lest return/report.     4 Sponsor's name   Mercy 1 Transport     5a Total number of participants at the beginning of the plan year   5a     c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   5b     c Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.)   X Yee     6a   5b   5c     5a Are you claiming a weiver of the annual examination and report of an independent qua	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Nu     Mercy 1 Transportation   2c Sponsor's telephone num     11023 NE Burton Rd   2c Sponsor's telephone num     360-896-5156   2d Business code (see Instru- 485990     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   20-4455941     Vancouver   WA 98682     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   20-4455941     Vancouver   WA 98682     3c Administrator's telephone vancouver   WA 98682     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.   4c PN 001     5a Total number of participants at the beginning of the plan year   5a     c Number of participants at the end of the plan year   5b     c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   5c     6a Were all of the plan	
Mercy 1 Transportation   (EIN) 20-4455941     11023 NE Burton Rd   2c Sponsor's telephone num     Vancouver   WA 98682     Vancouver   WA 98682     2d Business code (see Instru- 485990     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")     Mercy 1 Transportation     11023 NE Burton Rd     Vancouver   WA 98682     3b Administrator's telephone     11023 NE Burton Rd     Vancouver   WA 98682     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 lest return/report.     a Sponsor's name   Mercy 1 Transport     b Total number of participants at the beginning of the plan year   5a     c Number of participants at the end of the plan year   5b     c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   5c   5c     6a   5c     6a   5c     5b   5c     6a   5c     6a   5c     6a   5c     6a   5c	
11023 NE Burton Rd   2c Sponsor's telephone num     Vancouver   WA 98682     2d Business code (see instru- 485990     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")     3b Administrator's EIN 20-4455941     11023 NE Burton Rd Vancouver   WA 98682     11023 NE Burton Rd Vancouver   WA 98682     2d Administrator's telephone 360-896-5156     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.     4 Sponsor's name   Mercy 1 Transport     4 D EIN 20-4455451     5a Total number of participants at the beginning of the plan year     6a   5b     c Number of participants at the end of the plan year     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sc     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sc     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sc     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sc     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sc	nber
11023 NE Burton Rd   360-896-5156     Vancouver   WA   98682     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   20-4455941     Vancouver   WA   98682     11023 NE Burton Rd   3c Administrator's telephone 360-896-5156     4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b EIN 20-4455451     a Sponsor's name   Mercy 1 Transport   4c PN 001     5a Total number of participants at the beginning of the plan year   5a     c Numbar of participants at the end of the plan year   5b     c Numbar of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X Yes     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X Yes     y Yes   Yes   Yes	
Vancouver   WA   98682   485990     3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   20-4455941     Vancouver   WA   98682     4 lifthe name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b EIN 20-4455451     a Sponsor's name   Mercy 1 Transport   4c PN 001     5a Total number of participants at the beginning of the plan year   5a     c Number of participants at the end of the plan year   5b     c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X Yes     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X Yes	
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   3b Administrator's EIN 20-4455941     11023 NE Burton Rd   3c Administrator's telephone 360-896-5156     4 lifthe 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.   3b EIN 20-4455451     a Sponsor's name   Mercy 1 Transport   4c PN 001     5a Total number of participants at the beginning of the plan year.   5a     c Number of participants at the end of the plan year.   5b     c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item).   5c     6a   Sc     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X Yes	uctions)
11023 NE Burton Rd   3c Administrator's telephone 360-896-5156     4 lifthe name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b EIN 20-4455451     a Sponsor's name   Mercy 1 Transport   4c PN 001     5a Total number of participants at the beginning of the plan year	
4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b   EIN 20-4455451     a Sponsor's name   Mercy 1 Transport   4c   PN 001     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   5b     c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X     Yes	number
a Sponsor's name   Mercy 1 Transport   4c PN 001     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   5b     c Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X Yes     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X Yes	
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   5b     c   Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X     Yes   X   Yes	
b   Total number of participants at the end of the plan year   5b     c   Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X     value 29   CFR 2520.104-46? (See instructions on waiver eligiblity and conditions.)   X	
c   Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item)	1
complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X     under 29 CFR 2520.104-46? (See instructions on waiver eligiblility and conditions.)   X   Yes	14
6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X   Yes     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X   Yes     under 29 CFR 2520.104-46? (See instructions on waiver eligiblity and conditions.)   X   Yes	10
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	s No
	⊨s ∏ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
Partille Financial Information	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year	
a Total plan assets	6064
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	6064;
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total	
a Contributions received or receivable from:	er age and an
(1) Employers	
(2) Participants	
(3) Others (Including rallovers)	
b Other income (loss) 42	1. 1. 19 19 19 19 19 19 19 19 19 19 19 19 19
C Total Income (addi lines 8a(1), 8a(2), 8a(3), and 8b)	Charlie I
d Benefits paid (including direct rollovers and Insurance premiums	1 4 5 4 -
to provide benefits)	4404
Certain deemed and/or corrective distributions (see instructions)	4404
f Administrative service providers (salaries, fees, commissions)	4404
	4404.
ft Other expenses	4404.
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	4404:
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	

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	Form 55	00-SF 2011				Page <b>2</b>	-						
Par	t IV. Pla	n Characte	ristics			147 - 167 -							
9a		ovides pension		iter the applicab	ole pension fe	ature codes from th	e List of Plan Chai	acteris	tic Co	des In	the instruc	tions;	~
b			honefite en	tor the confirmation	la malfana fa								
IJ	п ше рып рі	ovides méllate	benefits, en	ter the applicabl	le weitare tea	ature codes from the	List of Plan Chara	cteristi	c Code	es in th	ne instruct	ions:	
Part	V Com	pliance Que	estions										
10	During the p	The second se						1	Yes	No		Amoun	t
a	Was there a	failure to trans	smit to the pl	an any participa	ant contributio	ons within the time p	eriod described in			x			
b						lary Correction Prog (Do not include tran		10a					
-	on line 10a.	)		······································	·····i/·······························		sactions reported	10b	1	X			
c	Was the pla	an covered by a	a fidelity bon	d?				10c		X			
d	Did the plan or dishones	have a loss, w	hether or no	t reimbursed by	y the plan's fi	delity bond, that was	caused by fraud	10d		x			
θ	Were any fe	es or commiss	lons paid to	any brokers, ag	ents, or othe	r persons by an insu	rance carrier.						
	instructions.	)				the benefits under the		10e		x			
f	Has the plar	n failed to provi	de any bene	fit when due un	der the plan?	?		10f		x			
g						of year end.)		10g		x			
h	If this is an I	ndividual accou	unt plan, was	s there a blacko	ut period? (S	ee instructions and	29 CFR			x	신지 말을	S. (-0)	i) Ginesi
i	If 10h was a	nswered "Yes,"	" check the b	00x if you either	provided the	required notice or o	ne of the	10h				an a	<u>10038.</u> - 245.
-			notice pople	30 DC John ha	D 7570 101	2						and the second second	Sec. 12.
art 1	VI Pens Is this a defi 5500)) Is this a def	ion Funding ned benefit plan	g Complia n subject to on plan subje	Ince minimum fundin ect to the minimu	R 2520.101-	3 nts? (If "Yes," see in equirements of secti	structions and con				(Form	Ye	
Part 11 12 a	M Pens Is this a defit 5500)) Is this a defit (If "Yes," cor If a walver of granting the	lon Funding ned benefit plar ined contributio nplete 12a or 1 f the minimum f waiver.	g Complia n subject to on plan subje 12b, 12c, 12c funding stan	Ance minimum fundin ect to the minimu J, and 12e below dard for a prior y	R 2520.101- g requiremen um funding re w, as applicat year is being	3 nts? (If "Yes," see in equirements of secti- ble.) amortized in this pla	structions and con on 412 of the Code an year, see Instru Mon	or sec ctions,	tion 3	02 of E	(Form ERISA?	Υε Υε Υε	es X
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