F	Form 5500-SF	Short Form Annual R	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be filed	Senefit Plan	nd 4065 of the Employe	e	2	2013
	Department of Labor oyee Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form i	s Open to Public
	ion Benefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	ctions to the Form 550	0-SF.		pection
Part	I Annual Report Ic lendar plan year 2013 or fisc	Ientification Information al plan year beginning 01/01/2013	)	and ending 1	2/31/	2012	
	Γ	× · · · · □			2/31/.		aant nian
	s return/report is for:			lan (not multiemployer)		a one-partici	bant plan
BIN	s return/report is:		the final return/report			N N	
		4 2		n/report (less than 12 m	onuns	_	
C Ch	eck box if filing under:		automatic extension			DFVC progra	4111
Dort	II - Basis Dian Inform	special extension (enter descriptio					
Part 1a Na	ame of plan	mation—enter all requested informa	ition		1h	Three-digit	
	OM TRUCK CENTERS, INC.	401(K) PLAN				plan number	
						(PN) 🕨	002
					1c	Effective date o	
<b>2</b> a PI	an sponsor's name and addr	ess; include room or suite number (er	mplover if for a single-	employer plan)	2h	01/01 Employer Identi	
	OM TRUCK CENTERS, INC		npioyer, in for a single		20		69216
10210 \	VESTBOW				2c	Sponsor's telep 509-74	
	NE, WA 99224				2d	Business code (	see instructions)
<b>3a</b> PI	an administrator's name and	address Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's	
	M TRUCK CENTERS, INC.	10310 WESTB		- <b>-</b>			69216
		plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN	
	ame, EIN, and the plan numb ponsor's name	per from the last return/report.			4c	PN	
		t the beginning of the plan year			5a		66
-		t the end of the plan year			5b		72
CN	umber of participants with ac	count balances as of the end of the p	lan year (defined bene	efit plans do not	5c		50
	• •	during the plan year invested in eligibl					X Yes No
<b>b</b> A	re you claiming a waiver of th	he annual examination and report of a	in independent qualifie	ed public accountant (IQ	PA)		
		See instructions on waiver eligibility a					X Yes No
		her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in			_		Not determined
	the plan is a defined benefit		surance program (see	ERISA SECIOIT 4021)?			Not determined
		incomplete filing of this return/rep					
SB or		r penalties set forth in the instructions signed by an enrolled actuary, as we ste.					
SIGN	Filed with authorized/va	alid electronic signature.	02/10/2014	LARRY PEARSON			
HERE	Signature of plan adr	ministrator	Date	Enter name of individe	ual si	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ	_		
	er's name (including firm nar	me, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
	ALHOUN ALL & HURLEY, INC.					509-838	3-5500
	RIVERSIDE						
	NE, WA 99201						

a Total plan labilities         7a         2007761         2037903           b Total plan labilities         7b         13837         1013           c Not plan sesseds (subtract line 7b from line 7a)         7c         198924         2386800           a Contributione received or receivable from:         (a) Amount         (b) Total         (b) Total           c Ontributione received or receivable from:         8a(1)         34964         (b) Total           (2) Participants         8a(2)         170707         (c) Total         (c) Total         (c) Total           (3) Others (including collovers)         8a(3)         21372         (c) Total	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
C       Net plan assets (subtract line 7b from line 7a)       7c       1985824       2388880         3       Income, Expenses, and Tinanfers for this Plan Year       (a) Amount       (b) Total         C       Contributions received or exercise for this Plan Year       at 8(t)       34864       (b) Total         C       Contributions received or exercise for this Plan Year       at 8(t)       34864       (b) Total         2)       Participants       8a(t)       21312       b       Contributions received or exercise for this Plan Year       at 8(t)       21312         b       Other income (cas)       8a(t)       21312       c       c       c         c       Total income (call lines 8a(t),	a Total plan assets	. 7a	200976	1				238790	3
B         Income, Expenses, and Transfers for this Plan Year         Image: Control of the Pla	<b>b</b> Total plan liabilities	. 7b	1383	7				101	3
a Contributions received or receivable from:       8a(1)       34964         (2) Participants	<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	199592	4				238689	0
(1)       Employers       8a(1)       34864         (2)       Participants       8a(2)       1710777         (3)       Others (including collovers)       8a(3)       21312         D       Other income (dots)       8b       327667         C       Total income (dot lines 8a(1), 8a(2), 8a(3), and 8b)       8c       554550         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       554550         C       Catain demod and/or corrective distributions (see instructions).       8d       162834         C       Catain demod and/or corrective distributions (see instructions).       8d       162834         G       Other expenses       8g       163564         I       Transfers to (from) the plan (see instructions).       8g       163564         I       Transfers to (from) the plan (see instructions).       8g       16339         Part IV       Plan Characteristics       8d       3009660         S       25 & 20 & 27 & 20 & 27 & 27 & 27 & 27 & 27	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
(1)       Description       Ba(2)       170707         (3)       Others (including rolevers).       Ba(2)       21312         (3)       Others (including rolevers).       Ba(3)       21312         (3)       Others (including rolevers).       Ba(3)       21312         (4)       Others (including rolevers).       Ba(3)       21312         (5)       Define (role (role) (role)       Ba(3)       327667         (5)       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       554550         (6)       Define (role)       Bd       162834       162834         (7)       (7)       (7)       (7)       (7)         (6)       Other income (add lines 8d, 8d, 8d, add 8d)       Bd       162834       163644         (7)       (7)       (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)         (8)       (7)       (7)       (7)       (7)       (7)       (7) <td< td=""><td></td><td><b>a</b> (1)</td><td>2406</td><td>4</td><td></td><td></td><td></td><td></td><td></td></td<>		<b>a</b> (1)	2406	4					
(a) Other income (icos)       Ba(3)       21312         b Other income (icos)       Bb       327567         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       564550         d Benefits paid (including direct rolivoers and insurance premiums)       Bd       162834         c Ortain demed and/or corrective distributions (see instructions)       Be       6         g Other expenses       Bg       162834         f Administrative service provides (salaries, fees, commissions)       Bf       750         g Other expenses       Bg       163084         i Transfers to (from) the plan (see instructions)       Bi       300966         j Transfers to (from) the plan (see instructions)       Bi       300966         arrit V       Plan Characteristics       Bag       163084         Bal       163084       300966         g Undrig the plan year:       V       X       30         2E       2X S 30 2F 2G 2T       10       V       Amount         2B       If the plan year:       Yes       No       Amount         2C CPR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       2         0       During the plan year:       Yes       No       Amount					_				
b) Other income (loss)       Bb       327367         c       Total income (ded lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       554550         c       Total income (ded lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       554550         e       Certain deemed and/or corrective distributions (see instructions)       Be       6         e       Certain deemed and/or corrective distributions (see instructions)       Be       6         f       Administrative service providers (salaries, fees, commissions)       Bf       750         g       Other expenses       Bg       163584       163584         i       Nt to loss (subtract in line 8h rom line 8c)       Bi       390966         j       Transfers to (from) the plan (see instructions)       Bg       390966         p       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2/L       2/L <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Construction       Construction       Box       Sc									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			52750	/	_			55455	0
to provide benefits)		. 80			_			55455	0
e       Certain deemed and/or corrective distributions (see instructions)		8d	162834	4					
a Winnsburder Operating Protect (gathers, foc, carmination)       b         b Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i         j Transfers to (from) the plan (see instructions)       8j         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       2J       2X       3D       2F       2G       2T         0       During 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         0       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 on ine 10a, 1	· · ·	. 8e							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       163584         i       Net income (loss) (subtract line 8h from line 8c)       8i       300966         j       Transfers to (from) the plan (see instructions)       8j       300966         Part IV       Plan Characteristics       8j       1         Sa       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       26       21       26       27       26       27         O       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       20       20       27       26       27         O       During the plan year:       Yes       No       Amount       40       X       20         0       During the plan veer:       Yes       No       Amount       40       X       400       X       <	f Administrative service providers (salaries, fees, commissions)	. 8f	750	C					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       163584         i       Net income (loss) (subtract line 8h from line 8c)       8i       300966         j       Transfers to (from) the plan (see instructions)       8j       300966         Part IV       Plan Characteristics       8j       1         Sa       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       26       21       26       27       26       27         O       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       20       20       27       26       27         O       During the plan year:       Yes       No       Amount       40       X       20         0       During the plan veer:       Yes       No       Amount       40       X       400       X       <		. 8g							
i       Net income (toss) (subtract line Bh from line &c)       8i       3803866         j       Transfers to (from) the plan (see instructions)       8i       3803866         Part IV       Plan Characteristics       9i       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2J       2K       3D       2F       2G       2T         b       If the plan provides melanes benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No       Amount         0       During the plan year:       Yes       No       Amount         10a       X       2       Compliance Questions       10a       X         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X       600         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.       10d       X       600         d       Was the plan have a loss, whether or and provides some or all of the benefits under the plan? (See instructions).       10d       X       600         f       Has the plan have any participant	h Total expenses (add lines 8d, 8e, 8f, and 8g)							16358	34
Part IV       Plan Characteristics         3a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a       2J       2K       3D       2F       2G       2T         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         0       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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		. 8i						39096	6
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:         22       24       30       2F       26       27         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         0       During the plan year:       Yes       No         a       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 Flauciary Correction Program)	j Transfers to (from) the plan (see instructions)	- 8i							
Ba       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Ba       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         O During the plan year:       Yes       No         A 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)	Part IV Plan Characteristics	-7							
a Was there a failure to transmit to the plan any participant contributions within the time period described in       10a       X         b Ware there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program)									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flouraty 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         c Was the plan covered by a fidelity bond?       10c       X       600         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       X       600         e 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.)       10d       X       600         f Has the plan failed to provide any benefit when due under the plan?       10f       X       X       600         g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X       600         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       2520.101-3)       10h       X       10c       10c <th></th> <th></th> <th></th> <th></th> <th>Vac</th> <th>No</th> <th></th> <th>A</th> <th></th>					Vac	No		A	
c       Was the plan covered by a fidelity bond?       10c       X       600         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       X       600         e       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       X       600         f       Has the plan failed to provide any benefit when due under the plan?       10e       X       X       600         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>				Yes			Amount	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</li> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correc t? (Do not inc	tion Program)		Yes	Х		Amount	
or dishonesty?       10d       ^         e       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 10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10e       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.).</li> </ul>	uciary Correc t? (Do not inc	tion Program)	10b		Х		Amount	6000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> </ul>	uciary Correc t? (Do not inc	tion Program)	10b		Х		Amount	6000
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       X         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         exart VI       Pension Funding Compliance       10i       Yes       I         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.       11a       I1a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Yes       I         13       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       I         14       Enter the unpaid minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> </ul>	uciary Correc t? (Do not inc fidelity bond	tion Program) clude transactions reported , that was caused by fraud	10b 10c		× ×		Amount	6000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all</li> </ul>	t? (Do not inc t? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x		Amount	6000
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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         vart VI       Pension Funding Compliance       10i         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes I         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         112       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes I         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 letter ruling granting the waiver.       Day       Year	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	t? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		× × × × ×		Amount	6000
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         13       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 letter ruling granting the waiver.       Day       Year	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul>	in construction of the benefit of th	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × × × ×		Amount	6000
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Yes         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       Yes         13a       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 letter ruling granting the waiver.       Month       Day       Year	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plate</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at 1 If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefi an? (See instruction he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×		Amount	6000
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 letter ruling granting the waiver.</li> </ul>	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefi an? (See instruction he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×		Amount	6000
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 letter ruling granting the waiver.</li> </ul>	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefi an? (See instruction he required n 11-3	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a 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 letter ruling granting the waiver	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefi an? as of year enc (See instruction he required n 1-3	tion Program) dude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form		
a 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 letter ruling granting the waiver	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi an? (See instruction he required n 1-3 nents? (If "Ye rom Schedule	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	3 (Form	Yes	3 <u> </u>
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefi an? as of year enc (See instructi he required n 1-3 nents? (If "Ye rom Schedule g requirement	tion Program) dude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See the plan? (See the p	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	3 (Form	Yes	3 <u> </u>
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C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	<b>14b</b> Tru	ust's EIN	

Benefit Plan           Benefit Plan           The Nome Selection 104 and 4050 of the Employce The Impact of the Impact of Plan Information           Part I Amail Report Generation 104 and 4050 of the Employce Plant I Amail Report Information           To advance of the Impact of the Impact of Plan Information           The Impact of Impact of the Impact of	Form 5500-SF	Short Form Annual R		Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Book         Description         Performation				4065 of the Employee	2	2	2013
Present conserver         > Complete all entries in accordance with the Instructions to the Form \$580-\$F.           Part I         Annual Report (denomination conserver)         > Complete all entries in accordance with the Instructions to the Form \$580-\$F.           Part I         Annual Report (denomination conserver)         > Complete all entries in a single-employer plan in a method returning of a short plan year (2013 or facet plan year returning of a short plan year (2013 or facet plan year returning of a short plan year (2013 or facet plan year returning of a short plan year (2013 or facet plan year returning of a short plan year (2013 or facet plan year returning of a short plan year (2013 or facet plan a method returning of a short plan year (2013 or facet plan a method returning of a short plan year (2013 or facet plan a method returning of a short plan year (2013 or facet plan a method returning of a short plan year (2013 or facet plan a method returning of a short plan year (2013 or facet plan a conserver)         OFVC program           Part II         Basic Plan Information_enter all requested information         1         The digit plan number oppo- all of the returning of a conserver plan of the returning of plan (10,17,1853 conserver the digit plan number (2017,1853 conserver the digit plan administrator's nume and address; include room or aute number (employer, if for a angle-employer plan of the returning of a short plan year (2014,1853 conserver the digit plan administrator's nume and address [basin as Plan Sponsor Address spokane         Sponsor's the digit plan administrator's head on the opport of a short plan administrator number (2013 Meet bow         Sponsor's the denome number (2013 Meet bow         Sponsor's the denon mumber (2014 number of participants at the outhor of particip	Department of Labor	Retirement Income Security Act of	f 1974 (ERISA), and section	ons 6057(b) and 6058(	(a) of		•
For elementary plan year 2013 of ficial plan year regimmage       0.1/01/2013       and ending       12/01/2013         A This return/report is for:       B a single-employer plan       a short plan year return/report       a short plan year r	Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the instruction	ons to the Form 5500	-SF.		
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In the redunition is         a an anended return/report         a a bart plan year return/report (less than 12 monitos)           C Check box if filing under:         Form 5568         automatic extension         DFVC program           Part II         Basic Plan Information—enter all requested information         Ib         Three-digit plan number           Part II         Basic Plan Information—enter all requested information         Ib         Three-digit plan number           Presedom Truck Centers , Inc.         401 (k)         Plan         Plan spensor's name and address, include room or suite number (employer, If for a single-employer plan)         2b         Employer Identification Number           Preedom Truck Centers , Inc.         202         2d         Employer Identification Number           10310         Westbow         2b         Employer Identification Number         2b         Employer Identification Number           10310         Westbow         2d         Busites as code (see instructions)         3b         Address and address instructions)           10310         Westbow         509-744-0390         2d         Busites as of the plan spensor has changed since the fast return/report field for this plan, enter the name, ElN, and the plan number from the last return/report.         3c         Address and the plan term of the plan year         5s         5s         722           6a         Total num	A This return/report is for:	X a single-employer plan	a multiple-employer plar	n (not multiemployer)	l	a one-partici	pant plan
C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       Ib       Three-digit plan number (plan plan number (and plan plan number (and the plan number to antidaplan s at the and of the plan number (and th	B This return/report is:	the first return/report	3				
C Creek bas it laining under general actionation (enter description)       Ib Three digit plan number (PN)         Part II Basic Plan Information—enter all requested information       1b Three digit plan number (PN)       0.02         1a Name of plan       1b Creection Truck Centers, Inc. 401(k) Plan       1c Creective date of plan (0.1/0.1/19.65)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (PN)         Preedom Truck Centers, Inc.       2b Employer identification Number (EM) 19.2.116.9216         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (PN)         Spokane       NA       922.4       2d Buances code (see instructions) 4.441.20         3a Plan administrator's name address; Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EN 91-116.921.6         Spokane       NA       992.24       4b EN       4b EN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the name, EIN, and the plan number for ministrator's tellophone number 5b Total number of participants at the od of the plan year       5a       6a       6c         5a Total number of participants at the od of the plan year       5a       6a       5b       722         c Number of participants with account balances as of the end	[	an amended return/report	a short plan year return/r	eport (less than 12 mo	onths)		
Part II       Basic Plan Information —enter all requested information         1a Name of plan       The e-digit plan number         Preedom Truck Centers, Inc. 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         Preedom Truck Centers, Inc.       2b Employer identification Number         10310       Westbow       202         3a Plan administrator's name and address. Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Panimistrator's telephone number         10310       Westbow       2d Busines code (see instructions)       484120         3a Plan administrator's name and address. Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Panimistrator's telephone number         10310       Westbow       3c Annimistrator's telephone number       509 - 744 - 0390         3b Sponsor's name       Ka 99224       4b ElN       4c PN         4 if the name and/or ElN of the plan sponsor has changed since the last return/report field for this plan, enter the face of a face of the plan sponsor has the begin ing of the plan year       5a         6a Vota number of participants at the ed (the plan year meeting)       5b       72         6a Were all of the plan sponsor has changed since the plan year (defined benefit plans do not corde in adependent qualified public accountent (CPA)	C Check box if filing under:	Form 5558	automatic extension				am
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2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       2b Employer identification Number (EIN 97-1169216         10310 Westbow       2b Employer identification Number (EIN 97-1169216       2c Sponsor's telephone number (EIN 97-1169216         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's EIN 91-1169216         7 Preedom Truck Centers, Inc.       3b Administrator's telphone number (509-744-0390         10310 Westbow       3b Administrator's telphone number 509-744-0390         10310 Westbow       3b Administrator's telphone number 509-744-0390         10310 Westbow       3b Administrator's telphone number 509-744-0390         Spokane       WA 99224         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 year (more the last return/report filed for this plan, enter the name, EIN, and the plan year (defined benefit plans do not complete this lem)       3c for total number of participans with account blannes as of the end of the plan year (defined benefit plans do not complete this lem)       3c for 50         6a Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       M Yes   No         6a Were all of the plan sasets during the plan quari independent qualified public accountant (QPA)       M Yes   No         6a Were all of the plan sasets during the plan quari independent qualified public accountant (QPA) <td< td=""><td></td><td>s, Inc. 401(k) Plan</td><td></td><td></td><td>ar</td><td>plan number</td><td>002</td></td<>		s, Inc. 401(k) Plan			ar	plan number	002
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Preedom Truck Centers, Inc.       Int 102218         10310 Westbow       2C Sponsors telephone number 509-744-0390         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 91-1162216         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 91-1162216         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 91-1162216         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 91-1162216         3a C Administrator's telephone number 509-744-0390       3c Administrator's telephone number 509-744-0390         3box Administrator's telephone number 509-744-0390       3c Administrator's telephone number 509-744-0390         3box Administrator's name       4c PN         3c Administrator's name       5a 6c         5a Total number of participants at the beginning of the plan year.       5a 6c         5b 722       5b 722         c Number of participants with account balances as of the plan year (defined benefit plans do not complete this liem).       G Ves [No ]         6a Were all of the plan year invested in eligible assets? (See instructions.).       M Yes [No ]         6a Vere all of the plan is assets during the plan year invested in eligible assets? (See instructions.).       M Yes [No ]<	2a Plan sponsor's name and add	ress; include room or suite number (	employer, if for a single-e	mployer plan)	2b		
20110       WB       99224         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         7Freedom Truck Centers, Inc.       3b Administrator's EIN         10310       Westbow       3c Administrator's EIN         5pokane       WA       99224         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 sponsor has changed since the last return/report.       4c PN         5a       1otal number of participants at the end of the plan year       5c       5b         5a       1otal number of participants at the end of the plan year       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yes       No         6a       Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         1f you anywerd 'No'' to the tae or incomplete filing of this return/report wile assessed undess reasonable cause is established.	Freedom Truck Center	s, Inc.			2c	Sponsor's tele	phone number
Spokane     WA     99224     484120       3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]     3b Administrator's ElN 91-1169216     3c Administrator's ElN 91-1169216       10310 Westbow     Spokane     WA     99224     9924       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.     4b EIN       4 Sponsor same     Sa     66       5a Total number of participants at the end of the plan year     5a     65       C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     Sc     50       6a Were all of the plans assets during the plan year invested in eligible assets? (See instructions.)     If Yes [No     Not determined       7 Hit penals assets during the plan or waiver eligibility and conditions.)     If yee answered 'No?     Yes [No     Not determined       Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.     Yes [No     Not determined       Sub or Signature of participants at the penalties set forth in the instructions, i declare that I have examined this return/report, and to the best of ms y knowledge and belief, it is true, correct, and complete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of periuy and other penalties set forth in the instructions, i declare tha	10310 Westbow				2d		
3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         Freedom Truck Centers, Inc.       Inc.       3c Administrator's telephone number         10310 Westbow       Spokane       WA       99224         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 of mother last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a daministrator's name       5a daministrator's name         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Si Yes No       No determined         6a Were all of the plan is a defined benefit plan is a defined benefit plan. is it covered under the PBC insurance program (see ERISA section 4021)?       Yes No       No determined         1f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.       Yes No       Not determined         C Hithe plan is a defined benefit plan, is it covered under the PBC insurance program (see ERISA section 4021)?       Yes No       Not determined         C If the plan is a defined benefit plan, is it covered under the PBC insurance program (see ERISA section 4021)?       Yes No       Not determined         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalting as admin	Spokane	WA 99224					
10310 Westbow       509-744-0390         Spokane       WA       9924         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         4       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         5a       5a       6a       66         b Total number of participants at the edo of the plan year       5a       6b       72         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Spokane       Yes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         tf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         c Hit he plan is a defined benefit plan, is it covered under the PEGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perium and other penalties set forth in the instructions, I declare that I have examined this return/		I address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b		
10310 Westbow         Spokane       WA       99224         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         a Sponsor's name       5a       66         5a       5a       66         5a       5b       72         5a       5b       72         5b       72       5b       72         5a       64       5b       72         5a       5b       72       5b       72         5a       5b       72       5b       72         5a       64       West balances as of the end of the plan year       5a       66         5b       72       5b       72       5c       50         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Were INN       Ne       Yes INN         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((QPA)       Xes INN       Ne INC       Ne INC         6a       Orine 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       C       If you anewwerd "No" to their line 6a or line 6b, th	Freedom Truck Center	s, Inc.			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 db EIN       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 66         5b Total number of participants at the end of the plan year       5a 66         5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c 50         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes 50         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes 50         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes 100         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes 100         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes 100         6a Were all of the plan's assets during the plan cannot use Form 5500-55F and must instead use Form 5500.       Xes 100         c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes 100       Not determined         Caution: A penalty for the late or incomplete filing of this return/report.       2/7/1/4       Larrry Pearson       Date		WA 99224				509-744-0	390
a Sponsor's name       4C       PN         5a       Total number of participants at the beginning of the plan year       5a       66         b       Total number of participants at the end of the plan year       5a       66         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       50         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Social	4 If the name and/or EIN of the	plan sponsor has changed since the ber from the last return/report.	e last return/report filed for	this plan, enter the			
5a       Total number of participants at the beginning of the plan year       5b       72         b       Total number of participants at the end of the plan year       5b       72         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       50         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       A rey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         c       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X       No       Not determined         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, id eclare that 1 have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete.         SiGN       HERE       Signature of plan administrator       Z/7/14       Larry Pearson         HERE       Signature of employe/plan sponsor       Date       Enter name of individual signing as employer or plan s	a Sponsor's name					PN 1	EE
b       Total number of participants at the end of the plan year       Soc       50         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							
complete this item)       X Yes       No         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       No         under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.)       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.SF and must instead use Form 5500.       C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete.       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       No       Yes       Date       Enter name of individual signing as employer or plan sponsor       Date       Ent	<b>b</b> Total number of participants a	at the end of the plan year			50		12
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	C Number of participants with a complete this item)	iccount balances as of the end of the	e plan year (defined benef		5c		50
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)       Image: Constructions on waiver eligibility and conditis waive eligi	<b>6a</b> Were all of the plan's assets	during the plan year invested in elig	ible assets? (See instruct	ions.)			X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	In the second states in a substance of	the enougl examination and report (	of an independent qualified	d public accountant (IG	ĮPA)		X Yes 🗌 No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	under 29 CFR 2520.104-46?	(See instructions on waiver eligibilit	nnot use Form 5500-SF a	and must instead use	Forn	n 5500.	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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       2/7/14       Larry Pearson         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       Story Riverside       Story Riverside         Suite 1600       Suite 1600	C If the plan is a defined benefi	t plan, is it covered under the PBGC	insurance program (see l	ERISA section 4021)?	[	] Yes 🗌 No	Not determined
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a objective 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       2/7/14       Larry Pearson         Sign       Date       Enter name of individual signing as plan administrator         Sign       2/7/14       Larry Pearson         Signature of pan administrator       Date       Enter name of individual signing as employer or plan sponsor         Signature of employed/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       Sognature of M. Riverside       Sognature of M. Riverside         Suite 1600       Sognature 1600       Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							
SIGN HERE       2/7/14       Larry Pearson         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       3ignature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       Randall & Hurley, Inc.       509-838-5500         601 W. Riverside       Suite 1600       File	Under penalties of perjury and oth SB or Schedule MB completed ar	ner penalties set forth in the instruction nd signed by an enrolled actuary, as	ana I doolara that I have é	avamined this return/re	enort. I	nciuuina. II avvi	icable, a Schedule ny knowledge and
SIGN       Fill       Enter name of individual signing as plan administrator         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       2/7/14       Larry Pearson         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       Signature of individual signing as employer or plan sponsor         Randall & Hurley, Inc.       509-838-5500         Suite 1600       Suite 1600		1/	2/2/11	Larry Pearson			
SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       Randall & Hurley, Inc.       509-838-5500         601 W. Riverside       Suite 1600       File		dministrator		Enter name of individ	dual s	igning as plan a	dministrator
HERE         Signature of employe//plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)         Preparer's telephone number (optional)           Jodi Calhoun         Randall & Hurley, Inc.         509-838-5500         509-838-5500           601 W. Riverside         Suite 1600         File         File				Larry Pearson	1		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Jodi Calhoun       509-838-5500         Randall & Hurley, Inc.       601 W. Riverside         Suite 1600       9			Date	Enter name of individ	dual s	igning as emplo	yer or plan sponsor
Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside Suite 1600	Preparer's name (including firm n	ame, if applicable) and address; incl			Pre	eparer's telephor	ne number (optional)
Suite 1600	Jodi Calhoun Randall & Hurley, In					509-8	38-5500
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 Spokane
 WA
 99201

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

Page **2** 

/ Plan Assets and Liabilities		(a) Passinging of Very		T		(b) End of Year
7 Plan Assets and Liabilities		(a) Beginning of Year	976:			<u>(b) Elid of Teal</u> 238790
a Total plan assets	7a		383			101
<b>b</b> Total plan liabilities	7b		5924			238689
C Net plan assets (subtract line 7b from line 7a)	7c		552-	-		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	3	4964	4		
(2) Participants	8a(2)	17	070	7		
(3) Others (including rollovers)	8a(3)	2	131	2		
b Other income (loss)	8b	32	756	7		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					55455
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16	283	4		
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f		75	0		······································
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		16358
i Net income (loss) (subtract line 8h from line 8c)	8i					39096
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
<b>9a</b> If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 3D 2F 2G 2T	feature code	s from the List of Plan Chara	cteris	tic Co	des in t	he instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	teristi	c Cod	es in th	e instructions:
Part V Compliance Questions				<u> </u>	<u> </u>	-
10 During the plan year:		and the second		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	he time period described in				
	loary conce	ction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not ind	ction Program)	10a 10b		x x	
b Were there any nonexempt transactions with any party-in-interest	t? (Do not ind	ction Program) clude transactions reported		X		6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not ind	clude transactions reported	10b	X		6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	fidelity bonc her persons of the benef	clude transactions reported diversion of the transaction of trans	10b 10c	X	X	6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	fidelity bond fidelity bond her persons of the benef	tion Program) clude transactions reported 	10b 10c 10d	X	x x	6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	fidelity bonc fidelity bonc her persons of the benef	clude transactions reported that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	X	x x x x x	6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a provide amount of the plan have any participant loans?</li> </ul>	fidelity bond fidelity bond her persons of the benef	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.)	10b 10c 10d 10e	X	x x x x x x x	6000
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	t? (Do not ind fidelity bond her persons of the benef an? as of year en (See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f	x	x x x x x	6000
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<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	t? (Do not ind fidelity bond her persons of the benef an? (See instruc (See instruc the required 01-3 	tion Program) clude transactions reported i, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and con le SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X dule SE	3 (Form
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	t? (Do not ind fidelity bond her persons of the benef an? (See instruc (See instruc the required 01-3 	tion Program) clude transactions reported i, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and con le SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X dule SE	3 (Form
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