Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 5500	0-SF.		•		
Part I		dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	x the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter description	۱)						
Part II	Basic Plan Infor	mation—enter all requested informa	tion						
1a Name		-			1b ⁻	Three-digit			
SEDONA TR	RUCKING, LLC 401(K) F	PLAN			ļ ķ	plan number			
						(PN) ▶	001		
					1c	Effective date of	f plan		
						01/01/	/2008		
	ponsor's name and add RUCKING, LLC	ress; include room or suite number (er	nployer, if for a single-	employer plan)			fication Number 96466		
44E AIDDOD	OT M/A // NI				2c S	Sponsor's telep			
115 AIRPOR DESERT AIR	RE, WA 99349				2 d E		(see instructions)		
						48411	10		
		d address Same as Plan Sponsor Na		Sponsor Address	3b /	Administrator's I	EIN 696466		
EDONA TRU	JCKING, LLC	115 AIRPORT \ DESERT AIRE,			3c /		telephone number		
					509-932-3579				
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b [EIN			
name,	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the					
name, a Sponso	, EIN, and the plan num or's name			·	4c		2		
name, a Sponso 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c		2 2		
name, a Sponso 5a Total r b Total r c Number	, EIN, and the plan num or's name number of participants a number of participants a er of participants with ac	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b		2		
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b 5c	PN			
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	2 Z Yes No		
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)tions.)	4c F 5a 5b 5c	PN	2		
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)tions.)	4c F 5a 5b 5c	PN	2 Z Yes No		
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are refugilier of participants with a detect this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF	efit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c PA)	PN	2 Z Yes No		
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with ac lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF surance program (see	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c F 5a 5b 5c PA)	PN	2 X Yes No X Yes No		
name, a Sponsor b Total r c Number compl 6a Were b Are younder If you C If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with ac lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5	PN 5500. Yes No stablished.	2 X Yes No Yes No Not determined		
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 se is e oort, inc	PN 5500. Yes No stablished. Sluding, if applications	2 X Yes No Yes No Not determined able, a Schedule		
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan num or's name number of participants a number of participants are of participants with an ete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 se is e oort, inc	PN 5500. Yes No stablished. Sluding, if applications	2 X Yes No Yes No Not determined able, a Schedule		
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan num or's name number of participants a number of participants are of participants with an ete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 see is ee poort, ince, and to	PN 5500. Yes No stablished. cluding, if application the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified not conditions.)	efit plans do not tions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	4c F 5a 5b 5c Form 5 see is ee poort, ince, and to	PN 5500. Yes No stablished. cluding, if application the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 Form 5 ase is e port, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a reflect this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 PA) see is e eort, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my ning as plan admining as employe	2 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a reflect this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 PA) see is e eort, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my along as plan adming as employe	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor		
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a reflect this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 PA) see is e eort, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my along as plan adming as employe	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor		
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a reflect this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 PA) see is e eort, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my along as plan adming as employe	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor		
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a reflect this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c Form 5 PA) see is e eort, inc, and to	PN 5500. Yes No stablished. Sluding, if application the best of my along as plan adming as employe	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) En	d of V	oar	
<u>′</u> а	Total plan assets	7a	(a) Beginning of Tea				(b) E1		eai 271985	
	Total plan liabilities	7b		0				(
	Net plan assets (subtract line 7b from line 7a)	7 C	22434						271985	<u> </u>
8	Income, Expenses, and Transfers for this Plan Year	70			<u>, </u>			(b) Total		
	Contributions received or receivable from:		(a) Amount				(D)	TOLAI		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	4763	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47639	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
i	Net income (loss) (subtract line 8h from line 8c)	8i							47639)
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
a				10a		X		AIII	June	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
						X				
	<u> </u>			10c						
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	and)	10g		Χ				
h		(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10ii						
Part		1-0		101						
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onto 2 (If III	Vos " and instructions and com	nloto	Soboo	lula CI	2 /Earm	1		
	5500) and line 11a below)				······				Yes	No
	Enter the unpaid minimum required contribution for current year fr					11a		1 -	1	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?		Yes	X No
	(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 beir granting the waiver.		Mon		and e	enter th Day	ne date d	of the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			Т	461	I			
b	Enter the minimum required contribution for this plan year				[12b				

Page	3	- [1
гаус	J	- 1	

			1				
С	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?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control Yes X			X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to					
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)			•			
14a	Name of trust	14b ⊺	rust's EIN				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information	/		- / - / -				
	01/2013	and ending	12/31/20)13			
A This return/report is for:	multiple-employer pl	an (not multiemployer)	er) a one-participant plan				
B This return/report is:	ne final return/report						
an amended return/report a	short plan year returr	n/report (less than 12 mg	onths)				
C Check box if filing under: Form 5558	utomatic extension		DFVC pro	ogram			
special extension (enter description)							
Part II Basic Plan Information—enter all requested informati	on						
1a Name of plan			1b Three-digit				
SEDONA TRUCKING, LLC 401(k) PLAN			plan number	001			
			1c Effective dat	e of plan			
			01/01/20				
2a Plan sponsor's name and address; include room or suite number (em	oloyer, if for a single-	employer plan)	2b Employer Ide	entification Number			
SEDONA TRUCKING, LLC			(EIN) 20-9	696466			
115 AIRPORT WAY N			2c Sponsor's te				
TIS MINIONI WII IV			509-932	de (see instructions)			
DESERT AIRE WA 99349			484110	de (see instructions)			
3a Plan administrator's name and address Same as Plan Sponsor Nar	me Same as Plar	Sponsor Address	3b Administrato				
SEDONA TRUCKING, LLC			20-9696				
			509-932-	r's telephone number			
115 AIRPORT WAY N			303 332	3373			
DESERT AIRE WA 99349							
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	t return/report filed to	or this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	. 2			
b Total number of participants at the end of the plan year			5b	2			
C Number of participants with account balances as of the end of the pla			F	0			
complete this item)			5c	2			
6a Were all of the plan's assets during the plan year invested in eligibleb Are you claiming a waiver of the annual examination and report of an				X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	d conditions.)			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 insu	ırance program (see	ERISA section 4021)? .	Yes No	Not determined			
Caution: A penalty for the late or incomplete filing of this return/report	rt will be assessed	unless reasonable cau	ise is established.				
Under penalties of perjury and other penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, including, if ap	plicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the best of	my knowledge and			
	0 - 0 /	DOMNA TAMESCO					
SIGN Dama am son	2-25-2014	DONNA JAMISON					
Signature of plan administrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN HERE TOMASON	2-25-2014	DONNA JAMISON					
Signature of employer/plan sponsor	Date	Enter name of individu					
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telepho	one number (optional)			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear	
a	Total plan assets	7a		2434	6		(2)			71985
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	2:	2434	6				2	71985
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from:		(a) Amount				(6)	IOtai		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		4763	9					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								47639
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								47639
j	Transfers to (from) the plan (see instructions)	8j			0					
Pai	t IV Plan Characteristics	٠,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ictions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:		
Dor	t V Compliance Questions									
Par				1	V	L NI -	1			
10	During the plan year:	C 20-5	andra Cara and all decades all the	1	Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
						Х				
				10c		Λ				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth	•	•							
	insurance service, or other organization that provides some or all instructions.)		• •	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
						Х				
<u>g</u>	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h						
Part	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
11	<u> </u>	onto 2 (If ")	Vos " and instructions and com	nloto	Sahar	dula CI	2 (Earm	1		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		T -	1	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?.	. _	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and	enter th Day	ne date of	the le		ing ——
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				ı			
b	Enter the minimum required contribution for this plan year					12b				

С	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?		X	es 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 und of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s)	to		
	13c(1) Name of plan(s):	1:	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				l
14a	Name of trust		14b Tr	ust's EIN	

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