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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | Annual Repor | t Identification Information | | | | | | | | | |
|-------------------|-------------------------|--|-------------------------------------|-------------------------------|-------------------------------------|--|--|--|--|--|--|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/201 | 4 | and ending 12 | /31/2014 | | | | | | |
| | | 🛚 a single-employer plan | | plan (not multiemployer) | | | | | | | |
| A This re | eturn/report is for: | | _ ` ` ` ` ` | oloyer information in accord | dance with the forr | n instructions) | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | | |
| B This ref | turn/report is | the first return/report | the final return/report | t | | | | | | | |
| | | an amended return/report | a short plan year ret | urn/report (less than 12 m | onths) | | | | | | |
| 0 | | X Form 5558 | automatic extension | 1 | □ DEVC n | rogram | | | | | |
| C Check | box if filing under: | | | | | | | | | | |
| | | special extension (enter descrip | tion) | | | | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested info | rmation | | | | | | | | |
| 1a Name | e of plan | | | | 1b Three-digit | | | | | | |
| ADVANTAC | GE TRANSPORT, LL | C 401(K) PROFIT SHARING PLAN | | | plan numbe | | | | | | |
| | | | | | (PN) 1C Effective da | 001 | | | | | |
| | | | | | | 0/01/2013 | | | | | |
| 2a Plan s | sponsor's name and a | address; include room or suite number | (employer, if for a sing | le-employer plan) | 2b Employer Id | dentification Number | | | | | |
| ADVANTAG | SE TRANSPORT, LLO | | | | ' ' | 3-1960197 | | | | | |
| | | | | | 2c Sponsor's | elephone number | | | | | |
| 100 2ND AV | | | | | 509-829-3322 | | | | | | |
| ZILLAH, WA | A 98953 | | | | 2d Business code (see instructions) | | | | | | |
| 20.0 | | | | | <u> </u> | 92210 | | | | | |
| 3a Plan a | administrator's name | and address XSame as Plan Sponso | r. | | 3b Administrat | or's EIN | | | | | |
| | | | 3c Administrator's telephone number | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 If the | nome and/or FINI of t | the plan appears has abanged since th | a last raturn/rapart files | I for this plan, optor the | 4h FIN | | | | | | |
| | | the plan sponsor has changed since the umber from the last return/report. | e last return/report filet | a for this plan, enter the | 4b EIN | | | | | | |
| a Spons | sor's name | · | | | 4c PN | | | | | | |
| 5a Total | number of participan | ts at the beginning of the plan year | | | 5a | 8 | | | | | |
| b Total | number of participan | ts at the end of the plan year | | | 5b | 9 | | | | | |
| C Numb | ber of participants wit | h account balances as of the end of th | e plan year (defined be | enefit plans do not | 5c | | | | | | |
| | , | | | | 30 | 2 | | | | | |
| d(1) To | tal number of active p | participants at the beginning of the plar | n year | | 5d(1) | 8 | | | | | |
| d(2) To | otal number of active p | participants at the end of the plan year. | | | 5d(2) | 9 | | | | | |
| e Numb | er of participants that | terminated employment during the pla | an year with accrued be | enefits that were | ` , | 0 | | | | | |
| | | | | | 5e | | | | | | |
| | | e or incomplete filing of this return/ | | | | | | | | | |
| | | other penalties set forth in the instructi and signed by an enrolled actuary, as | | | | | | | | | |
| | true, correct, and co | | well as the electronic v | reision of this return/report | i, and to the best c | i my knowieuge and | | | | | |
| SIGN | Filed with authorize | d/valid electronic signature. | | | | | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual signing as plar | administrator | | | | | |
| SICN | Jigilatare of plan | | 54.0 | Enter hame of marvia | San organing do pidi | . aa.iiiiiotratoi | | | | | |
| SIGN HERE | 0 | In control on the second of th | | Face Control | luat atau t | J | | | | | |
| | | loyer/plan sponsor name, if applicable) and address (incl | Date | | | oloyer or plan sponsor none number (optional) | | | | | |
| i Topalel S | Traine (moldaring lill) | i name, ii appiieabie <i>j</i> and addiess (iiid | add foom of suite fluin | boi / (optional) | i ropaisi s telepi | iono number (optional) | | | | | |
| Ī | | | | | | | | | | | |

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|------|---|---------------------------|-----------------------------------|---------|---------|-----------------|----------|--------|-------------------|-------|-------|
| b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | an independ and condition | ent qualified public accountans.) | nt (IQ | PA) | | | | □ . | es [| No |
| C | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance pro | gram (see ERISA section 40 | 21)? . | | Yes | No | 1 | Not de | termi | ned |
| Par | t III Financial Information | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) E | nd of | Year | | |
| a | Total plan assets | 7a | 264 | 74 | | | | | 4 | 4275 | j |
| b | Total plan liabilities | 7b | | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7с | 264 | 74 | | | | | | 4275 | • |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (k |) To | al | | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | 6 | 72 | | | | | | | |
| | (2) Participants | | 168 | 800 | | | | | | | |
| | (3) Others (including rollovers) | | | 0 | | | | | | | |
| b | Other income (loss) | 8b | 3 | 329 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 1 | 7801 | |
| | Benefits paid (including direct rollovers and insurance premiums | 04 | | 0 | | | | | | | |
| | to provide benefits) Certain deemed and/or corrective distributions (see instructions) | 8d 8e | | 0 | | | | | | | |
| | Administrative service providers (salaries, fees, commissions) | + + + | | 0 | | | | | | | |
| | Other expenses | | | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | | C |) |
| | Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 1 | 7801 | |
| | Transfers to (from) the plan (see instructions) | | | | | | | | | | |
| Par | t IV Plan Characteristics | 1 -7 1 | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions | feature codes | from the List of Plan Charad | cterist | ic Coc | les in t | he instr | uctior | ns: | | |
| 10 | During the plan year: | | | | Yes | No | <u> </u> | Α | mour | nt | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | uciary Correc | ction Program) | 10a | | Χ | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | | 4500 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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.) | of the benef | its under the plan? (See | 10e | X | | | | | | 417 |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | X | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year end | d.) | 10g | | X | | | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | • | | 10h | | X | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | | es) | X No |
| 11a | Enter the unpaid minimum required contribution for current year for | | | | | 11a | | • | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | · | | • | 302 of | ERISA' | ? | Y | es > | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being ranting the waiver. | - | | | , and e | enter tl Day | | | e lette 'ear _ | rulin | g |

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|------|---|------------------------------------|-------------------|----------|---------------------|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | m 5500), and skip to line 13. | | | |
| 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 negative amount) | - | 1 124 | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding | g 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? | | 🔲 Y | ′es X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer the | his year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC? | | inder the control | | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.) | an to another plan(s), identify th | e plan(s) to | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) EI | N(s) | 13c(3) PN(s) |
| | | | | | |
| | | | | | |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| | rt Identification Informatio | | The statement of the st | | | | | | |
|---|---|------------------|--|---|-----------|---|--|--|--|
| For calendar plan year 2014 or | | 01/2014 | | and ending | 12/31/ | /2014 | | | |
| A This return/report is for: | A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan | | | | | | | | |
| B This return/report is | the first return/report | H | al return/report | | | | | | |
| b This returning port is | an amended return/report | = | | rn/report (less than 12 | months | X | | | |
| | all amended returnings. | _ a 31,0, . | . Pian your rota | Illifeport (1635 trial. 12 | Hiomase | <u></u> | | | |
| C Check box if filing under: | Form 5558 | autom | natic extension | | | DFVC progra | am | | |
| 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | special extension (enter des | scription) | | | | | | | |
| | formation—enter all requested | information | | | | | | | |
| 1a Name of plan | 112212 | | | | 1b | Three-digit | | | |
| Advantage Transport, LLC 401(F | <) Profit Sharing Plan | | | | | plan number (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date o | f plan | | |
| 2a Plan sponsor's name and a Advantage Transport, LLC | address; include room or suite num | nber (employe | er, if for a single | -employer plan) | 2b | 2b Employer Identification Number (EIN) 43-1960197 | | | |
| | | | | | 2c | Sponsor's telep | | | |
| 100 2nd Ave | | | | | 2d | Business code (| | | |
| Zillah. WA 98953 | | | | | | 492210 | A STATE OF THE STA | | |
| | and address X Same as Plan Spo | onsor. | | | 3b | Administrator's | EIN | | |
| | | | | | Зс | Administrator's | telephone number | | |
| 4 If the name and/or EIN of t | the plan sponsor has changed sinc | ce the last reti | urn/report filed | for this plan, enter the | 4b | EIN | | | |
| name, EIN, and the plan n | number from the last return/report. | | | STE Protest Medicine sentence bourse | 1 000 | n Carriaga (Sec | | | |
| a Sponsor's name | | | | | | PN | | | |
| | nts at the beginning of the plan year | | | | | ā e | 8 | | |
| | its at the end of the plan year | | | | <u>5</u> | 5b | 9 | | |
| complete this item) | th account balances as of the end | | ••••• | | | 5c | 2 | | |
| d(1) Total number of active p | participants at the beginning of the | plan year | *************************************** | *************************************** | 5d | (1) | 8 | | |
| d(2) Total number of active p | participants at the end of the plan y | year | | | 5d | 1(2) | 9 | | |
| | t terminated employment during the | | th accrued ben | efits that were | 5 | 5e | 0 | | |
| | e or incomplete filing of this retu | | | | | | Source of Sources | | |
| | other penalties set forth in the instraint and signed by an enrolled actuary mplete. | | | | | | | | |
| SIGN | o Zalie | - 1 | 8/8/15 | Steven K. Fletcher | | | | | |
| HERE Signature of plan | administrator | D | ate | Enter name of indiv | vidual si | gning as plan adr | ministrator | | |

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

SIGN HERE Form 5500-SF 2014 Page **2**

| b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an independ and conditio ot use Forn | lent qualified public accounta ns.) n 5500-SF and must instea | nt (IQ d use | PA) Form | 5500. | X Yes No | | |
|---------|---|--|---|--------------------|-------------|-----------------|----------------------------------|--|--|
| | rt III Financial Information | isurance pro | Igram (see ENISA section 40 | 121)! | | 163 | | | |
| 7 | Plan Assets and Liabilities | ANG SI | (a) Beginning of Yea | · · | Т | | (b) End of Year | | |
| a | Total plan assets | 7a | (a) Beginning of Yea | | + | | 44275 | | |
| | Total plan liabilities | 7b | | ** | + | | 11270 | | |
| _ | Net plan assets (subtract line 7b from line 7a) | 7c | 2647 | 4 | \top | | 44275 | | |
| 7/24/10 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | + | | 11-21 | | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | (4) 741104111 | 2 | | (b) Total | | | |
| | (2) Participants | 8a(2) | 1680 | 0 | | | | | |
| - | (3) Others (including rollovers) | 8a(3) | <u> </u> | 0 | | | | | |
| b | Other income (loss) | 8b | 32 | 9 | | | PLES HEWARD | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | i pr | | | 17801 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | 180 | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | 4 | 0 | 18 | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | A . | | 0 | | |
| ī | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 17801 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a b | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe | | | | | | | | |
| Part | t V Compliance Questions | | 0 i - 10 | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | x | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | Х | | | |
| С | 94-94 W 127 | | | 10c | X | | 4500 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | × | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | er persons | by an insurance carrier, | | 5000 | | | | |
| - | instructions.) | | | 10e | Х | | 417 | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | Х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year en | d.) | 10a | | Х | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | × | | | |
| 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 i | notice or one of the | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | ERISA? Yes No | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applicab | ole.) | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | 하다 아이들이 아이들이 아이를 가는 것이 아이들이 아이들이 아이들이 모든 아이들이 아이들이 아이들이 얼마나 없다. | | , and e | enter th Day | ne date of the letter rulingYear | | |

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|-------|--|--|----------|--|---------------------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I | Form 5500), and skip to line 13. | | | |
| 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 | ar | 12c | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the res | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the fund | ding deadline? | | Yes | No N/A |
| Part | t VII Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employe | er this year | 13a | | 40 |
| b | of the DDCC2 | ferred to another plan, or brought under the | | | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.) | plan to another plan(s), identify the plan(s |) to | | |
| 1 | 13c(1) Name of plan(s): | | 13c(2) E | EIN(s) | 13c(3) PN(s) |
| Down | AVIII Tours Information (autional) | | | | |
| 5 5 | t VIII Trust Information (optional) | | 1441 | 04 Christ - 1 - 140 Christ - 17 - 140 Christ | |
| 14a I | Name of trust | | 146 | rust's EIN | |