## 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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## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pa	rt I	Annual Report	t Ider	ntification Info	rmation								
For o	calenda	ar plan year 2015 or f	iscal p	lan year beginning	01/01/2	015		and ending	12/31/2	2015			
A This return/report is for:    a single-employer plan						, ,							
Вт	his retu	ırn/report is	片	he first return/repor an amended return/		the final return/report a short plan year return/report (less than 12 months)							
C	Check b	pox if filing under:	믐	Form 5558 special extension (e	enter descri		utomatic extension			DFVC progr	ram		
Pa	rt II	Basic Plan Info	orma	tion—enter all red	quested info	ormatio	on						
	Name (	of plan E TRANSPORT, LLC	C 401(	K) PROFIT SHARII	NG PLAN					Three-digit plan number (PN) ▶	001		
									10	Effective date of	f plan 1/2013		
	Mailing	ponsor's name (emplo address (include roc	om, ap	t., suite no. and str	eet, or P.O				2b	Employer Identif			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  DVANTAGE TRANSPORT, LLC				2c	<b>2c</b> Sponsor's telephone number 509-829-3322							
	ND AVE H, WA								2d	Business code (	,		
3a	Plan ad	dministrator's name a	and ad	dress XSame as F	Plan Spons	or.			3b	<b>3b</b> Administrator's EIN			
											elephone number		
	name,	name and/or EIN of th EIN, and the plan nu				the last	t return/report filed fo	or this plan, enter the		EIN			
a	Sponso	or's name								PN			
5a	Total r	number of participants	s at the	e beginning of the p	olan year				····	ia l	8		
		number of participants							5	5b	7		
С		er of participants with ete this item)								ic .	2		
d(	<b>1)</b> Tota	al number of active pa	articipa	ants at the beginnin	g of the pla	an yea	r		5d	l(1)	8		
<b>d</b> (	<b>2)</b> Tota	al number of active pa	articipa	ants at the end of th	ne plan yea	ır			5d	l(2)	7		
	than 1	er of participants that 100% vested				<u></u>				5e	0		
		penalty for the late									-1-1 0-1- 1-1		
SBc	or Sche	alties of perjury and or dule MB completed a rue, correct, and com	and sig										
SIGI		Filed with authorized		electronic signature	0		07/21/2016	STEVENIK FLETO	HER				

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	_		44	275				4:	3987
<b>b</b> Total plan liabilities			4.4	275				4.	2007
Net plan assets (subtract line 7b from line 7a)  Income. Expenses. and Transfers for this Plan Year	7с	(a) A		-275			/b\ T		3987
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)			84					
(2) Participants	8a(2)		2	100					
(3) Others (including rollovers)	· · · · · ·			0					
<b>b</b> Other income (loss)			-2	472					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-288
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i Net income (loss) (subtract line 8h from line 8c)	8i								-288
j Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruct	ions:	
— In the plant provides would be believed, either the applicable wellare	reature couc	55 HOM the List of Flat	ii Onaic	20101101	.10 000	100 111 1110	3 motraot	10110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-intere					V				
reported on line 10a.)			10b		X				
C 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 by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	other persons ome or all of t	by an insurance he benefits under		X					179
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan.			10e						179
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount		,	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 exceptions to providing the notice applied under 29 CFR 2520.1			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Y6	es X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum fundir						302 of E	RISA?	Ye	es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custoulan						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	for If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	U p∈	arcantada I I		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number Advantage Transport, LLC 401(k) Profit Sharing Plan 001 (PN) ▶ 1c Effective date of plan 10/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 43-1960197 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Advantage Transport, LLC (509) 829-3322 2d Business code (see instructions) 492210 100 2nd Ave Zillah, WA 98953 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year..... 8 5b 7 b Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 2 complete this item) 8 5d(1) d(1) Total number of active participants at the beginning of the plan year ..... 5d(2) 7 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested... 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 Steven K. Fletcher SIGN HERE Date Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

	Form 5500-SF 2015		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 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 if the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition of use For	dent qualified public a ons.) m 5500-SF and mus	ccount t instea	ant (IC	PA) Form	5500.		X You	es No
Par		•	<u> </u>							
100	Plan Assets and Liabilities		(a) Beginning	n of Ye	 ar		100	(b) End	of Year	
# ·	Total plan assets	. 7a	(d) Degittini	442		+		(b) Liid	439	87
-	Total plan liabilities	7b		W. 25102		$\top$				
	Net plan assets (subtract line 7b from line 7a)	7c		442	75				439	87
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	otal	
	Contributions received or receivable from:	202-2040-00								
	(1) Employers	8a(1)		210	34	+				
	(2) Participants	8a(2)		211	0	+				
1000	(3) Others (including rollovers)	8a(3)		-247	2000	-				
	Other income (loss)	8b		-2-1	1				-28	38
	Benefits paid (including direct rollovers and insurance premiums	8c						748		
	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								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		le N (			0			
	Net income (loss) (subtract line 8h from line 8c)	8i				.6.19			-2	88
J	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature coo	des from the List of PI	an Cha	racteri	stic Co	des in	the instru	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instruct	ions:	
	- Constituti Egyponia: Populato ostario fundiciolari isologo i selle-i stelle postati procesi i del Europa i selle-i selle postati procesi i del Constituto			140 101 100 100		11125010001111	60-10 ST. 176. T. 1866			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		×				
b	Were there any nonexempt transactions with any party-in-interest					Х				
	reported on line 10a.)			10b						
С	Was the plan covered by a fidelity bond?			10c	Х					4500
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	х					179
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a					Х				
<u>h</u>	If this is an individual account plan, was there a blackout period?			10g				MEETER		
	2520.101-3.)			10h		X	L i			
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			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from				1000					
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or ea	ection '	302 of 5	EDISA2	☐ Ye	s X No

	F	orm 5500-SF 2015 Page <b>3 -</b> 1							
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		enter th Day	e date of t	ne letter ru Year _	ing		
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	-	,				
b	Enter t	he minimum required contribution for this plan year		12b					
С	Enter t	ne amount contributed by the employer to the plan for this plan year		12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d					
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			N/A				
Part	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	e," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- assets or liabilities were transferred. (See instructions.)							
	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)		
-	t VIII	Trust Information			99 0000				
14a	Name o	if trust		14b Trust's EIN					
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	I Is the	plan a 401(k) plan?		Ye		No			
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and gontributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bi	esign- ased safe arbor ethod		ADP/ACP test		
150	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?	01(m)-	Ye	es .	No			
		the box to indicate the method used by the plan to satisfy the coverage requirements under secti	**************************************	∐ р	Ratio percentage test		Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules?		Yes		No			
17a	Has th	e plan been timely amended for all required tax law changes?	••••••	Yes		No	N/A		
	for tax	ne last plan amendment/restatement for the required tax law changes was adoptedlaw changes and codes).	Enter the a	· ///			structions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla ry letter, enter the date of that favorable letterand the letter's serial		t to a fa	avorable IR	S opinion	or		
17d	If the p	Ian is an individually-designed plan and received a favorable determination letter from the IRS, elination letter		the pla	n's last fav	orable			
18	Is the	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes n		No			
19	Were i	n-service distributions made during the plan year?		Ye	Yes No				
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whom as required under section 401(a)(9)?		Ye	es	No	N/A		