For	m 5500-SF	Short Form Annua		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee R	etirement	2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the		This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.				
For calenda	Annual Report IC ar plan year 2016 or fisc	lentification Information al plan vear beginning 01/01/201	6	and ending 12	2/31/2016				
			a multiple-employer pla	an (not multiemployer) (	Filers check	king this box must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating em a foreign plan	ployer information in ac	cordance w	ith the form instructions.)			
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter description	,						
Part II		mation—enter all requested infor	mation		4h ==	11 H			
<b>1a</b> Name ADVANTAGE		1(K) PROFIT SHARING PLAN			1b Threp plan (PN)	number			
					1c Effect	tive date of plan 10/01/2013			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 43-1960197				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ADVANTAGE TRANSPORT, LLC			ucuons)	2c Spor	Sponsor's telephone number 509-829-3322				
100 2ND AVE ZILLAH, WA					2d Busir	ness code (see instructions) 492210			
<b>3a</b> Plan ad	dministrator's name and	address X Same as Plan Sponse	or.		<b>3b</b> Admi	nistrator's EIN			
					<b>3c</b> Admi	nistrator's telephone number			
4 If the r	name and/or EIN of the p	lan sponsor has changed since th	e last return/report filed fo	or this plan. enter the	4b EIN				
	EIN, and the plan numb	per from the last return/report.			<b>4c</b> PN				
		the beginning of the plan year			5a	9			
		the end of the plan year			5b	7			
C Numbe	er of participants with ac	count balances as of the end of the	e plan year (only defined	contribution plans	5c	2			
	,	cipants at the beginning of the plan			5d(1)	g			
<b>d(2)</b> Tota	al number of active parti	cipants at the end of the plan year			5d(2)	7			
than '	100% vested	rminated employment during the p	•		5e				
		incomplete filing of this return/r							
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as ste.							
SIGN HERE	Filed with authorized/va	lid electronic signature.	10/03/2017	STEVEN FLETCHER					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE									
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (incl	Date ude room or suite numbe			as employer or plan sponsor s telephone number			
						E			

0

	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit <b>ot use Fo</b>	ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use	QPA)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	43987	44738
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	43987	44738
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	751	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		751
d	Benefits paid (including direct rollovers and insurance premiums			

0 e Certain deemed and/or corrective distributions (see instructions). 8e 0 f Administrative service providers (salaries, fees, commissions).... 8f g Other expenses..... 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 751 i. Net income (loss) (subtract line 8h from line 8c)...... 8i Transfers to (from) the plan (see instructions) ..... j 8j Part IV | Plan Characteristics

8d

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H

**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

to provide benefits)....

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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	х			1832
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			18870
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Department of the Television		Short Form Annual Return/Report of Small Employee Benefit Plan						
Department of the Treasury Internet Revenue Service	This form is required to be t	This form is required to be filed under sections 104 and 4065 of the Employee Retire						
Department of Lebor Employee Benefits Security Administrat	ion	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern Revenue Code (the Code).						
Pension Benefit Guaranty Corporatio	Complete all entries i	in accordance with the Ins	tructions to the Form 55	00-SF.	Publ	lic inspection		
Part I Annual Repo	ort Identification Informatio	on						
-or calendar plan year 2016 d	r fiscal plan year beginning 01/01/2 X a single-employer plan		and ending 12/3					
A This return/report is for:	a one-participant plan	list of participating of a foreign plan	plan (not multiemployer) (l employer information in ac	cordance wi	ing this bo ith the form	n Instructions.)		
-								
B This return/report is	the first return/report	the final return/repor						
<b>.</b>	an amended return/report	a snort plan year reti	um/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
	special extension (enter des							
	formation enter all requested	Information	 r					
la Name of plan Ivantage Transport, LLC 401(	k) Profit Shering Plan			1b Three plan r	-digit 1umber			
Wantage Transport, EEO 401(	Ny From One nage fait			(PN)		001		
					ive date of /2013	f plan		
Mailing address (include r	ployer, if for a single-employer plan oom, apt., suite no, and street, or P	O. Box)			yer identif 43-196016	fication Number		
Ivantage Transport, LLC	ince, country, and ZIP or foreign po	istal code (it foreign, see ins		2c Spon	nsor's telephone number (509) 829-3322			
			1	2d Busine	<u> </u>	see instructions)		
0 2nd Ave				49221		<b>,</b>		
lah, WA 98953 Se Blan administrator's pame	and address 🕅 Same as Plan Sp			3b Admin	·················	-16.1		
A rian administrator s name	rano autoreas Micarne as man op	JOHSOL		JU Admin	istrators t	=IN		
			ſ	3c Admin	listrator's t	elephone number		
				3C Admin	iistrator's t	elephone numbe		
	the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	3C Admin 4b EIN	iistrator's t	elephone numbe		
	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	iistrator's t	elephone number		
name, EIN, and the plan r & Sponsor's name	number from the last return/report.	·			iistrator's t			
name, EIN, and the plan r a Sponsor's name a Total number of participar	number from the last retum/report. 	۲		<b>4b</b> Ein <b>4c</b> Pn	iistrator's t	elephone numbe		
name, EIN, and the plan r <b>a</b> Sponsor's name <b>b</b> Total number of participar <b>b</b> Total number of participars <b>c</b> Number of participants with	number from the last retum/report. 	r of the plan year (only define	d contribution plans	4b EIN 4c PN 5a	iistrator's t	9		
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name, EIN, and the plan r a Sponsor's name a Total number of participar b Total number of participars b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the than 100% vested sution: A penalty for the late inder penalties of perjury and B or Schedule MB completed allef. It is true, correct, and con- lign lERE Signature of plan Signature of plan	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y iat terminated employment during the or incomplete filling of this retu- other penalties set forth in the instr and signed by an enrolled actuary, molete.	r plan year (only define plan year he plan year with accrued b im/report will be assessed uctions, I declare that I have as well as the electronic ve I/c/3///7 Date Date	d contribution plans enefits that were less d unless reasonable cau e examined this return/rep ersion of this return/report, Steven Fletcher Enter name of Individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable ort, includin and to the indication of th	lished. g, if applic best of my s plan adm s employed	9 7 2 9 7 able, a Schedule knowledge and ninistrator		

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	Form 5500-SF 2018	Page 2							
D	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>							XYes	<u>с</u>
Ċ	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA :	section	4021)?	· [	Yes 🛛	No 🗌 Not dete	rmined
_P(	art III Financial Information		-						
7	Plen Assets and Llabilities		(a) Beginning	of Yea	r		(t)	End of Year	
a		7a		439	87			4473	38
b	Total plan liabilities	7Ь							
C		7c		439	87			4473	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total	
8	Contributions received or receivable from: _(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
	Other Income (loss)	8b		7	51				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						75	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
0	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salarles, fees, commissions)	8f			0				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
Ι	Nat income (loss) (subtract line 8h from line 8c)	8i						75	•
ĵ	Transfers to (from) the plan (see instructions)								•
		81							
Ра	rt IV Plan Characteristics	8j							
	It IV Plan Characteristics		les from the List of P	lan Cha	racteri	stic Ce	odes in the	instructions:	
	rt IV Plan Characteristics	feature coo							
9a b	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature coo							
9a b Pai	If the plan Characteristics           If the plan provides pension benefits, enter the applicable pension           2A         2E         2F         2G         2J         2K         2T         3B         3H           If the plan provides weifare benefits, enter the applicable weifare feature         applicable weifare feature         applicable weifare feature	feature coo						instructions:	
9a b	If IV       Plan Characteristics         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         t       V       Compliance Questions         During the plan year;         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	feature code	the time period	an Chan	acteris	tic Cod	les in the l		
9a b Pai 10 8	If IV       Plan Characteristics         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         t       V       Compliance Questions         During the plan year;         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)	feature code aature code lions within oluntary Fig	es from the List of Pla the time period duclary Correction		acteris	tic Cod	les in the l	instructions:	
9a b Pa 10	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       If the plan provides welfare benefits, enter the applicable welfare fe         t       V       Compliance Questions         During the plan year:       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)         Were there any nonexempt transactions with any party-in-interest	feature code aature code lions within oluntary Fic ? (Do not in	the time period duclary Correction	an Chan	acteris	tic Cod	les in the l	instructions:	
9a b Pai 10 8	If IV       Plan Characteristics         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         t       V       Compliance Questions         During the plan year;         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)	feature code aature code lions within oluntary Flo ? (Do not ir	the time period duclary Correction	an Chan 10a 10b	acteris	lic Coo	les in the l	instructions:	450
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Form 5500-SF 2016

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	Form 5500-SF 2016 Page 3- 1		_				
Part							<u></u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)					Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?					Yes [	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver		und enter t Day		of the letterYear_	sr runr	ŀg
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6600), and skip to line 1						
b	Enter the minimum required contribution for this plan year		12b				
C	Enter the amount contributed by the employer to the plan for this plan year		12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the k negative amount)		12d				
•	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>	Yas	No	<u> </u>	/A
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X.v	ło	
	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 broug control of the PBGC?				Yes 🕻	X No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the plan	(s) to				
1	3c(1) Name of plan(s):	13c	(2) EIN(s)		13c(3	3) PN(	<b>a</b> )
Part	Vill Trust Information						
14a I	Name of trust		140	ſrusťs E	EIN		
14c	Name of trustee or custodian				's or custor ne number		
Par	IX IRS Compliance Questions						
15a	is the plan a 401(k) plan? If "No," skip b	🗌 Ye	s		□ No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	L./ saf  ⊢1 "Cu	sign-based e harbor urrent year P test	1	Prior y test	ear" A	DP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		atio ircentage st		verage enefit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Ye			□ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable iRS the letter						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	nter the da	ite of the n	iost rec	ent determ	inatio	л 
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?		n 🗌 Ye	₅ [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗍 Ye	s	No		