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).

2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I Annual Report Identification Information											
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2			1/30/2017						
A This ret	urn/report is for:	X a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions.)						
R This rotu	urn/report is	a one-participant plan	a foreign plan								
D THIS TELL	in/report is	the first return/report	the final return/repor	t							
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	n 12 months)						
C Check box if filing under: Form 5558											
Part II		ormation—enter all requested in	itormation		4h ====================================	.,					
1a Name ADVANTAG	of plan E TRANSPORT, LLC	1b Three-dig plan numl (PN) ▶									
					1c Effective	date of plan 10/01/2013					
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 43-1960197						
-	town, state or proving E TRANSPORT, LLC	ce, country, and ZIP or foreign post	tal code (if foreign, see in	structions)	2c Sponsor's telephone number 509-829-3322						
100 2ND AVI	=				2d Business code (see instructions)						
7100 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						
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN						
	or's name				4d PN						
C Plan N	lame										
5a Total r	number of participants	s at the beginning of the plan year.			5a	7					
b Total r	number of participants	s at the end of the plan year			5b	0					
		account balances as of the end of		-	5c	0					
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	7					
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		or incomplete filing of this return the penalties set forth in the instru									
SB or Sche		and signed by an enrolled actuary, a									
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2018	STEVEN FLETCHER							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator					
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2018	PATRICIA KOENIG							
HERE		oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor					

Form 5500-SF 2017 Page **2**

 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 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)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 									
_		ет вос р	remain ming for this p	ian yea				(See instructions.)	
_ <u>Pa</u>	rt III Financial Information	1			1				
	Plan Assets and Liabilities	n Assets and Liabilities (a) Beginning of Year							
	Total plan assets	. 7a		44738				0	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		44738				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(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		1372					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1372	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		46110					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				46110				
i	Net income (loss) (subtract line 8h from line 8c)								
j	j Transfers to (from) the plan (see instructions)								
Pai	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?			10d		Х			
е			X						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g		-	•	10g	X			0	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` •••••		10h		Χ			
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					

Form 5500-SF 2017 Page 3- 1

Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
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 Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (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	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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)

Short Form Annual Return/Report of Small Employee Benefit Plan

Department of the Treasury Internal Revenue Service

Form 5500-SF

Department of Labor

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 5057(b) and 6058(a) of the Internal

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to

Етрюуее Веги	ofita Security Administration			Revenue Code (the Code).			Publi	c inspection		
	afit Guerenty Corporation	_	Complete all entries in a	ccordance with the Instru	ctions to the Form 5500	-SF.				
Part i	Annual Report	identii	cation Information		dd: 44/20/2	2017				
For calendar	plan year 2017 or fi	scal pla <u>n</u>	year beginning 01/01/201	7	and ending 11/30/2			must attach a		
A This retu	rn/report is for:	_	rgle-employer plan ne-participant plan	a multiple-employer plan (not multiemployer) (Filors checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan						
			(irst return/report	the final return/report						
			mended return/report	ths)						
C Check be	ox if filing under:	X For	m 5558	automatic extension		DFVC p	rogram			
		spe	cial extension (enter descri	ption)			<u> </u>			
Part II	Basic Plan Info	rmatic	n—enter all requested inf	ormation						
1a Name o					1		number	001		
Advantage Tr	ansport, LLC 401(k)	Front of	Samila Lieu			(PN)				
					_ 1		tive date of 1/2013	plan		
2a Plan sp	onsor's name (emplo	oyer, if fo	a single-employer plan)	ı. Box)	2		oyer Identif 43-19601	fication Number 97		
City or t	town, state or proving ansport, LLC	ce, coun	sulte no. and street, or P.O. Box) y, and ZIP or foreign postal code (if foreign, see instructions)			2c Sponsor's telephone numb (509) 829-3322				
100 2nd Ave	апароп, всо				:	2d Busin 4922	ress code (see instructions)		
100 Zna Ave										
Zillah, WA 98953 3a Plan administrator's name and address			<u> </u>		· · · · · · · · · · · · · · · · · · ·	3b Administrator's EIN				
						3c Adm	inistrator's	telephone number		
4 If the n	ame and/or EIN of t	he plan s	ponsor or the plan name h	as changed since the last re and the plan number from th	eturn/report filed for ne last return/report.	4b EIN				
this pla 2 Sponso C Plan N	or's name	onsor a i	ame, Env, de pair name	and the plantial section is		4d PN				
		te at the	hegipping of the plan year.			5a		7		
b Total r	worker of participan	ts at the	beginning of the plan yearend of the plan year					0		
6 Number	or of participants wit	h accour	halances as of the end of	the plan year (only defined	contribution plans	5c	_	0		
compi	et number of active (verticinar	rs at the beginning of the p	dan year		5d(1)		7		
d(2) Tet	al number of active p	articipa:	ols at the end of the plan Ve	nar		5d(2)		0		
e Numb	per of participants wi	ro termin	ated employment during th	e plan year with accrued be	nafits that were less	5e		0		
						se is est	blished.	laskia a Cabadula		
Under pens	alties of perjury and edule MB completed true, correct, and co	other per and sign	alties set forth in the instru red by an enrolled actuary,	as well as the electronic ve	rsion of this return/report,	end to th	ne best of n	ny knowledge and		
SIGN	Story	2/		9/12/18	Steven Fletcher					
HERE	Signature of plan			Date	Enter name of individu			iministrator		
SIGN	Data	Z		9-12-18	Potrace J.K			· •		
HERE	Signature of emp	oloyenal	an anonsor	Dete	Enter name of individu			yer or plan sponsor Form 6500-SF (2017)		

	Form 5500-SF 2017		<u>.</u>	Page 2			-				
6-	Were all of the plan's assets during t	e plan year invested in eligible	e assets?	(See Instructions.)	,				×	Yes	No
b	Are you claiming a waiver of the annu-	al examination and report of 9	xamination and report of an independent qualified public accountant (IQPA) tions on waiver eligibility and conditions.)							Yes	No
С	Is we also is a defend benefit plan is	It covered under the PBGC ins	surance pr	ogram (see ERISA sect	tion 402	21)7	.,∐ Y€	BS ⊠NO	_	determi	
	If "Yes" is checked, enter the My PAA		PBGC pr	emium filing for this pla	n year_				(566	IBLI GOLIC	
Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·				\neg		(h) = ==	Lof Voor		
7	Plan Assets and Liabilities	·		(a) Beginning of	44738	$\overline{}$		(D) EIK	i of Year	0	
a	Total pien assets		7a		71700	+					
<u>b</u>			7b	<u> </u>	44738	, 				0	
<u> </u>	Net plan assets (subtract line 7b from		7c	/- \ A A	17.00	+		(b)	Total	,	,
8	Income, Expenses, and Transfers for	this Plan Year		(a) Amount		\dashv		(0)	TOTAL		
a	Contributions received or receivable (1) Employers		8a(1)	ļ.	<u> </u>						
	(2) Participants		8a(2)			-					
	(3) Others (including rollovers)		8a(3)		1372	_					
	Other income (loss)		86	1011		+		"		1372	
c	Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	8c _	<u> </u>		\dashv					
d	Benefits paid (including direct rollove to provide benefits)	s and insurance premiums	8d		46110	<u> </u>					
	Certain deemed and/or corrective dis	stributions (see instructions)	8e		(
-	Administrative service providers (sal		8f		(0					
<u> </u>	Other expenses		8g								
<u></u> _	Total expenses (add lines 8d, 8e, 8f,	and 8g)	8h							46110	
_ <u></u> "	Net income (loss) (subtract line 8h fr		81							-44738	
寸	Transfers to (from) the plan (see ins	ructions)	81	· · · · · · · · · · · · · · · · · · ·							
ر م	-+ N/ Blog Characteristics										
92	If the plan provides pension benefits	12T 3B 3D 3H									
- k	if the plan provides welfare benefits	enter the applicable welfare f	feature cod	des from the List of Plan	Chara	cterist	ic Codes	s in the ins	tructions	:	
Pa	art V Compliance Question	s		1 1			I				
10	During the plan year:					Yes	No		Amour)t	
	a Was there a failure to transmit to the described in 29 CFR 2510.3-1027 Program)	(See instructions and DOL's	Voluntary	Fiduciary Correction	10a		×				
	b Were there any nonexempt transe reported on line 10a.)	ctions with any party-in-interes	st? (Do not	include transactions	10b		х				
	C Was the plan covered by a fidelity	bond?			10c	×					4500
_	d Did the plan have a loss, whether by fraud or dishonesty?	or not reimbursed by the plan's	s fidelity be	ond, that was caused	10d		х				
	Were any fees or commissions pa carrier, insurance service, or other the plan? (See instructions.)	d to any brokers, agents, or of organization that provides so	ther persone me or all o	ns by an insurance if the benefits under	10e		х				
_	f Has the plan failed to provide any				107	<u> </u>	×		"	+-	
_	g Did the plan have any participant	loans? (if "Yes," enter amount	as of year	-end.)	10g	<u> </u>					0
	h if this is an individual account plan	, was there a blackout period?	? (See inst	ructions and 29 CFR	10h	<u> </u>	x		, .		
	If 10h was answered "Yes," check exceptions to providing the notice	dthe box if you either provided.	the requir	ed notice or one of the	101					 -	u.
		I									

		Form 5500-SF 2017	Page 3- 1						
Part '	VI	Pension Funding Compl	lance						
11	ls t (Fo	his a defined benefit plan subject t nm 5500) and line 11a below)	minimum funding requirements? (If "Yes," see instructions and co	omplete Sche	dule S	B		Yes	X No
11a	En	ter the unpaid minimum required o	ontributions for all years from Schedule SB (Form 5500) line 40	.,.,	11 <u>e</u>				
12	ls ER ()f	this a defined contribution plan sul ISA? "Yas," complete line 12a or lines	ject to the minimum funding requirements of section 412 of the Co 2b, 12c, 12d, and 12e below, as applicable.)	de or section	302 of	,			No No
	lf a gra	waiver of the minimum funding stanting the waiver.	andard for a prior year is being amortized in this plan year, see instr	onth	enter t Day	he date	of the let Yea	tter rui r	ing
lf y	you	completed line 12a, complete li	es 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3	"				
b	Ente	er the minimum regulred contribution	on for this plan year		12b				
			nployer to the plan for this plan year	1	12¢				
d	Su	btract the amount in line 12c from	he amount in line 12b. Enter the result (enter a minus sign to the le	eft of a	12d				
-	Wi	Il the minimum funding amount rep	orted on line 12d be met by the funding deadline?		Ļ	Yes	No	<u> </u>	N/A
Part '		Plan Terminations and							
			een adopted in any plan year?			X Ye	3 []	No	
	If "	Yes," enter the amount of any plan	assets that reverted to the employer this year	,,,,,,,	13a				0
þ			participants or beneficiaries, transferred to another plan, or broug				X Yes	N	0
С	If, wh	during this plan year, any assets o lich assets or liabilities were transf	liabilities were transferred from this plan to another plan(s), identifered. (See instructions.)	fy the plan(s)	to				*****
1		1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PI	V(5)
		"							