

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN		1b Three-digit plan number (PN) ▶ 004
		1c Effective date of plan 05/01/1982
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTHERN CAL TRANSPORT CO., INC. PO BOX 8 BEAVERTON, OR 97075-0008		2b Employer Identification Number (EIN) 93-0622683
		2c Sponsor's telephone number 503-643-6431
		2d Business code (see instructions) 484200
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN
		4d PN
5a Total number of participants at the beginning of the plan year.....	5a	32
b Total number of participants at the end of the plan year	5b	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	17
d(2) Total number of active participants at the end of the plan year.....	5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	0

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.

SIGN HERE	Filed with authorized/valid electronic signature.	01/20/2023	MARI JO PRLAIN
	Signature of plan administrator	Date	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 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.) 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 insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 474047. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1054914	0
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	1054914	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	521814	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-32254	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		489560
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	1512821	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	31653	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		1544474
i Net income (loss) (subtract line 8h from line 8c).....	8i		-1054914
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>B 11</u>
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				
10 During the plan year:		Yes	No	Amount
a 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		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		500000
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		X	
e 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		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h			
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 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month Day Year

If you 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**

c 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**

e 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 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 control of the PBGC?..... Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN CAL TRANSPORT CO., INC.</u>	D Employer Identification Number (EIN) <u>93-0622683</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>1054914</u>	
b Actuarial value.....	2b	<u>1033189</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>12</u>	<u>364346</u>	<u>364346</u>
b For terminated vested participants.....	<u>3</u>	<u>53790</u>	<u>53790</u>
c For active participants.....	<u>17</u>	<u>731854</u>	<u>731854</u>
d Total	<u>32</u>	<u>1149990</u>	<u>1149990</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.39 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>24000</u>	
c Total (line 6a + line 6b)	6c	<u>24000</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>01/20/2022</u>
	<u>ELIZABETH A. MOORE, FSA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>20-06258</u>
	<u>INDEPENDENT ACTUARIES, INC.</u>	Most recent enrollment number
	Firm name	<u>503-520-0848</u>
	<u>FIVE CENTERPOINTE DR. SUITE 520 LAKE OSWEGO, OR 97035</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.03</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		10027
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %.....		559
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance.....		10586
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	89.84 %
15	Adjusted funding target attainment percentage	15	89.84 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/21/2022	16814	0					
08/29/2022	445000	0					
11/11/2022	60000	0					
			Totals ▶	18(b)	521814	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 503877
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	24000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	116801	4371
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 28371

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 28371

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 503877

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	475506
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN**EIN: 93-0622683 PN: 004**

2022 Form 5500 Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Benefit Service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											0
25-29											0
30-34											0
35-39											0
40-44											0
45-49											0
50-54			2	2							4
55-59		1		2							3
60-64			3	2	1	1					7
65-69					1						1
70 & up			1	1							2
Total	0	1	6	7	2	1	0	0	0	0	17

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

EIN: 93-0622683 PN: 004

2022 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Asset Valuation Method	Smoothed value.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway and Transportation Funding Act of 2014 and the American Rescue Plan Act of 2021.
Lookback Month for Determining Interest Rates	4 th month prior to valuation date.
Segment Interest Rates	First Segment (Under 5 years): 4.75% Second Segment (5 to 19 years): 5.18% Third Segment (20 or more years): 5.92%
Assumed Form of Payment	85% of active and vested terminated participants will choose a lump sum payment and 15% will choose life annuities.
Lump Sum Payment Assumptions	Greater result of §417(e) applicable mortality and yield curve segments (above) as described in proposed IRS Regulations, and plan factors applying the appropriate yield curve segment to deferral period.
Assumed Commencement Date	Actives- with retirement probabilities. Terminated-vested – normal retirement date.
Weighted Retirement Age	Age 64.
Retirement Probabilities	Age 62 - 64: 20% Age 65 - 67: 50% Age 68 - 69: 20% Age 70: 100%
Mortality	Small plan combined Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation. For determination of assumed lump sums, applicable mortality for §417(e) in effect for valuation year.

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

EIN: 93-0622683 PN: 004

2022 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Salary Scale	Not applicable.												
Turnover Rate	T-10 (Actuary's Pension Handbook). Annual rates are increased as follows: <table><thead><tr><th><u>Duration from Date of Hire</u></th><th><u>Percent of Annual Rate</u></th></tr></thead><tbody><tr><td>0</td><td>225%</td></tr><tr><td>1</td><td>200%</td></tr><tr><td>2</td><td>175%</td></tr><tr><td>3</td><td>150%</td></tr><tr><td>4</td><td>125%</td></tr></tbody></table>	<u>Duration from Date of Hire</u>	<u>Percent of Annual Rate</u>	0	225%	1	200%	2	175%	3	150%	4	125%
<u>Duration from Date of Hire</u>	<u>Percent of Annual Rate</u>												
0	225%												
1	200%												
2	175%												
3	150%												
4	125%												
Expenses	The average of actual administrative expenses paid from Plan assets in the prior two years, rounded to the nearest \$1,000.												
Disablement Rates	No explicit assumption.												
Future Annual Hours Worked	Actual hours worked and/or miles driven in current year.												

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

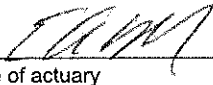
▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Southern Cal Transport Co., Inc.		D Employer Identification Number (EIN) 93-0622683	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value		2a	1,054,914
b Actuarial value		2b	1,033,189
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	12	364,346	364,346
b For terminated vested participants	3	53,790	53,790
c For active participants	17	731,854	731,854
d Total	32	1,149,990	1,149,990
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.39%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	24,000
c Total (line 6a + line 6b)		6c	24,000

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Elizabeth A. Moore 	01/20/2022
	Signature of actuary	Date
	Elizabeth A. Moore, FSA, EA, MAAA	2006258
	Type or print name of actuary	Most recent enrollment number
	Independent Actuaries, Inc.	503-520-0848
	Firm name	Telephone number (including area code)
Five Centerpointe Dr. Suite 520 Lake Oswego OR 97035		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2022
v. 220413**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 24,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	116,801		4,371	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 28,371
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 28,371
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 503,877
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 475,506
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN**EIN: 93-0622683 PN: 004**

2022 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(A) Age	(B) Retirement Rates	(C) # of Participants	(D) (B) x (C)	(E) (D) ÷ 100	(F) (A) x (E)
62	20.0	100.00	2000.00	20.00	1240.00
63	20.0	80.00	1600.00	16.00	1008.00
64	20.0	64.00	1280.00	12.80	819.20
65	50.0	51.20	2560.00	25.60	1664.00
66	50.0	25.60	1280.00	12.80	844.80
67	50.0	12.80	640.00	6.40	428.80
68	80.0	6.40	512.00	5.12	348.16
69	80.0	1.28	102.40	1.02	70.66
70	100.0	0.26	25.60	0.26	17.92

Weighted Age: 64

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

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2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. Effective Date May 1, 1982; last restated effective January 1, 2020 as amended by Amendment No. 1.

2. Plan Year January 1 to December 31.

3. Plan Eligibility

Eligible Employees An eligible employee enters the plan on the first of the Plan Year following hire date.

Eligible employees are employees who are not eligible to participate in any other qualified retirement plan maintained by the employer (other than the Reser's Fine Foods, Inc. 401(k) Plan) and are employed on the last day of the plan year.

No one hired after June 30, 2002 may enter the plan.

4. Credited Miles Drivers - Actual amount of solo miles driven, and one half-mile for each actual mile driven as a team.

Combination Drivers / Non-driver – Actual miles driven as a Driver plus 60 miles for each hour of service as a Non-driver.

5. Years of Service

Vesting Drivers and Combination Drivers / Non-drivers – A Plan Year in which the employee earns at least 30,000 Credited Miles.

Non-drivers - A Plan Year in which an employee has at least 500 hours Service.

Benefit Drivers and Combination Drivers / Non-drivers – For Plan Years beginning before January 1, 1992, a Year of Benefit Accrual Service is earned according to the following schedule:

<u>Credited Miles</u>	<u>Year of Benefit Accrual Service</u>
Less than 60,000	0
60,000 but less than 66,000	0.5
66,000 but less than 72,000	0.6
72,000 but less than 78,000	0.7
78,000 but less than 84,000	0.8
84,000 but less than 90,000	0.9
90,000 or more	1.0

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

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2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

For the Short Plan Year beginning May 1, 1990 and ending December 31, 1990, all references to credited miles in the above schedule are multiplied by two-thirds.

For Plan Years beginning after December 31, 1991, a full Year of Benefit Accrual Service is earned for each Plan Year in which the employee has at least 60,000 Credited Miles. No Benefit Accrual Service is earned if the employee has less than 60,000 Credited Miles.

Non-Drivers - A Year of Benefit Accrual Service for a Plan Year is calculated by dividing the hours of service by 1,875 (1,250 for the Short Plan Year beginning May 1, 1990, and ending December 31, 1990). Benefit Accrual Service in excess of one can be accrued for a plan year.

No service prior to May 1, 1982 nor in excess of 30 years is credited.

6. Normal Retirement

Eligibility	The first day of the month coincident with or next following the participant's 62 nd birthday.
Benefit	The monthly benefit equal to \$23.00 per Year of Benefit Accrual Service (\$15.33 for a Year of Benefit Accrual Service during the short Plan Year beginning May 1, 1990 and ending December 31, 1990). Benefit accruals are frozen at December 31, 2006.

7. Early Retirement

Eligibility	The first day of the month coincident with or next following the later of attainment of age 55 and completion of 10 years of vesting service.
Benefit	Accrued benefit earned to date of early retirement reduced for early commencement as follows:

<u>Age Benefit Commences</u>	<u>Percent Payable</u>
61	92.8%
60	85.6%
59	78.4%
58	71.2%
57	64.0%
56	59.2%
55	54.4%

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

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2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

8. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of benefit service, if applicable.

9. Disability Benefit

Eligibility	Disabled for a period of six months while a participant in the plan.
Benefit	Accrued benefit earned to date of disability actuarially reduced for early commencement.

10. Death Benefit

Eligibility	Death of participant prior to commencement of benefits.
Benefit	The surviving spouse, if any, shall receive a monthly benefit equal to 50% of the benefit the participant would have received if he had retired on the later of his date of death, or earliest possible retirement age and elected a 50% joint and survivor annuity based on his current vested benefit.

11. Termination Benefit

Eligibility	Termination of employment for reasons other than retirement, death, or disability.
Benefit	A percentage of a participant's accrued benefit based on the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

An active participant becomes fully vested upon reaching normal retirement age regardless of his vesting service.

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN

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2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

12. Accrued Benefit	A participant's normal retirement benefit calculated using years of benefit service as of the date of calculation. Benefit accruals are frozen at December 31, 2006.														
13. Normal Form of Benefit	Single life annuity.														
14. Optional Forms of Benefit	Lump sum, installments, joint & survivor annuity (50%, 75%, 100%).														
15. Actuarial Equivalent															
Interest	9.0% pre-and post-retirement.														
Mortality:	1994 Group Annuity Reserve, projected to 2002, blended 50% Male / 50% Female.														
§417(e)	Stability period is plan year; lookback month is second month preceding plan year.														
16. Top-Heavy Provisions	In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code.														
Minimum Accrual	Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years.														
Top-Heavy Compensation	Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation in a year during which the plan is not top-heavy.														
Vesting	A percentage of a participant's accrued benefit based on the following schedule:														
	<table><thead><tr><th><u>Years of Vesting Service</u></th><th><u>Vested Percent</u></th></tr></thead><tbody><tr><td>Less than 2</td><td>0%</td></tr><tr><td>2</td><td>20%</td></tr><tr><td>3</td><td>40%</td></tr><tr><td>4</td><td>60%</td></tr><tr><td>5</td><td>80%</td></tr><tr><td>6 or more</td><td>100%</td></tr></tbody></table>	<u>Years of Vesting Service</u>	<u>Vested Percent</u>	Less than 2	0%	2	20%	3	40%	4	60%	5	80%	6 or more	100%
<u>Years of Vesting Service</u>	<u>Vested Percent</u>														
Less than 2	0%														
2	20%														
3	40%														
4	60%														
5	80%														
6 or more	100%														
Status	Plan is not top-heavy.														

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN
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2022 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

17. Changes Since Last Report The plan was terminated on April 30, 2022.

SOUTHERN CAL TRANSPORT CO., INC. EMPLOYEES' PENSION PLAN
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2022 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Existing Amortization Shortfall Bases

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2021	(6,573)	5	4.75%	9	5.18%	(67,887)
2020	28,014	5	4.75%	8	5.18%	274,801
Total Existing:	21,441					206,914

Current Year Amortization Shortfall Base

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2022	(8,327)	5	4.75%	10	5.18%	(90,113)
Total:	13,114					116,801

Adjustments for plan termination on April 30, 2022:

Prorated total existing installment amount:	7,147
Prorated new installment amount:	(2,776)