Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ON TARGET SUPPLIES AND LOGISTICS, LTD

1133 S MADISON AVE
DALLAS, TX 75208

2b Employer Identification Number (EIN)
75-2593466

2c Sponsor's telephone number
214-420-9560

2d Business code (see instructions)
484200

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 accompanying schedules, statements and attachments, 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.	01/13/2011	LORENE SMITH
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ON TARGET SUPPLIES AND LOGISTICS, LTD

1133 S MADISON AVE
DALLAS, TX 75208

3b Administrator's EIN
75-2593466

3c Administrator's telephone number
214-420-9560

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	199
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	140
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	87
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D 2F 2T 2S

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)	X	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ON TARGET SUPPLIES AND LOGISTICS, LTD

D Employer Identification Number (EIN)
75-2593466

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MERRILL LYNCH,PIERCE,FENNER, SMITH

13-5674085

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASCENSUS

11-3665754

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 50 60 99	RECORD KEEPER	8180	Yes [X] No [ ]	Yes [ ] No [X]	152	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MERRILL LYNCH,PIERCE,FENNER, SMITH 13-5674085	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 99	152
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MERRILL LYNCH,PIERCE,FENNER, SMITH 13-5674085	QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan:
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ON TARGET SUPPLIES AND LOGISTICS, LTD

D Employer Identification Number (EIN):
75-2593466

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
JULIA HILL	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	631

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
RODNEY WADE	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	1810

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
MARGARET WILLIAMS	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	5384

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
KIANESHA NORMAN	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	1934

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
BRENDA ROBINSON	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	601

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
STEPHANIE AVANT	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	526

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
JUAN ALANZO	EMPLOYEE	FAILURE TO WITHOLD LOAN PYMTS TIMELY SEE AUDITOR'S REPORT	766

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ON TARGET SUPPLIES AND LOGISTICS, LTD

D Employer Identification Number (EIN)
75-2593466

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1103	6913
(2) Participant contributions	1b(2)	6269	37032
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	366203	185091
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	86568	97423
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	711489	1163459
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1171632	1489918
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1171632	1489918

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	19810	
	(B) Participants	2a(1)(B)	116833	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		136643
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1351	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2332	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3683
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22213	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22213
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		219072
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		381611
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	55145	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55145
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8180	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8180
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		63325
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		318286
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CF AND CO., LLP (2) EIN: 20-0162782

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		128156
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	X		11652
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ON TARGET SUPPLIES AND LOGISTICS, LTD

D Employer Identification Number (EIN)
75-2593466

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(k) PROFIT SHARING PLAN

Audited Financial Statements and
Supplementary Information

December 31, 2009 and 2008

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(k) PROFIT SHARING PLAN

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*All other supplemental schedules required by 29 CFR 2520. 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are inapplicable or not required.

CF & Co., L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
& CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrators of the
On-Target Supplies & Logistics, Ltd. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of On-Target Supplies & Logistics, Ltd. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 6, which was certified or provided by Frontier Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Notes 6 and 7, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

Because of the significance of the information that we did not audit, we are unable to express, and do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CF & Co., L.L.P.

CF & Co., L.L.P.

Dallas, Texas
January 12, 2011

8750 N. Central Expressway, Suite 300 • Dallas, Texas 75231-6436 • Phone: 972-387-4300 • 800-834-8586 • Fax 972-960-2810 • www.cfllp.com

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THE INTERNATIONAL ACCOUNTING GROUP (TIAG) • WORLD SERVICES GROUP

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments:		
Mutual funds	$ 1,348,550	$ 1,077,692
Participant loans	97,423	86,568
Receivables:		
Employer contributions	9,448	1,103
Participant contributions	53,610	6,269
Total Assets	1,509,031	1,171,632
Liabilities		
Excess contributions payable	50,069	32,534
Net assets available for benefits	$ 1,458,962	$ 1,139,098

The accompanying notes are an integral part of these financial statements.

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions and gains:	
Investment income and gains:	
Interest and dividends	$ 25,896
Net appreciation in fair value of investments	219,072
Net investment income and gains	244,968
Contributions:	
Participant	115,876
Employer	22,344
Total contributions	138,220
Net additions and gains	383,188
Deductions:	
Benefits paid to participants	55,145
Administrative expenses	8,179
Total deductions	63,324
Increase in net assets	319,864
Net assets available for benefits:	
Beginning of year	1,139,098
End of year	$ 1,458,962

The accompanying notes are an integral part of these financial statements.

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Notes to Financial Statements

Note 1 - Description of the Plan

The following description of On-Target Supplies & Logistics, Ltd. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of On-Target Supplies & Logistics, Ltd. (the "Company") who have attained the age of twenty-one. Frontier Trust Company is the Plan's Trustee (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Plan Administration

Certain administrative functions are performed by officers or employees of the Company who receive no compensation from the Plan.

Contributions

Participants may contribute through payroll deductions, up to 20% of pretax annual compensation, as defined in the Plan, limited to the maximum allowable by the Internal Revenue Code ("IRC"). Participants over 50 years of age are allowed catch-up contributions subject to limitations imposed by the IRC. Every participant has the right to make a rollover contribution into the Plan from another qualified plan. In 2009, the Company made non-discretionary matching contributions equal to 25% of each participant's pre-tax contributions up to 6% of such participant's eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans

Participants are permitted by the Plan to borrow funds up to 50% of their vested account balance or $50,000, whichever is less. No loans are issued for less than $1,000. Loan transactions are treated as a transfer between the investment fund and the loan fund. Loan terms range from one to five years, unless such loans are used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Trustee.

Note 1 - Description of the Plan, continued

Participant Loans, continued

Principal and interest are paid ratably through payroll deductions. Interest rates on loans outstanding as of December 31, 2009 range from 3.25% to 8.25%. The maturity dates for the outstanding loans range from March 2010 to April 2014.

Forfeitures

Forfeitures and the earnings on those accounts may be utilized to offset Plan expenses or applied to offset future employer contributions. At December 31, 2009 and 2008 balances in forfeited non-vested accounts were $33,130 and $28,523, respectively. No forfeitures were used to offset employer contributions during the year ended December 31, 2009.

Payment of Benefits

Benefits may be paid under the Plan, subject to limitations and conditions imposed by the IRC, upon a participant's termination of employment, normal retirement age or attainment of age 59 1/2, disability, death, or allowable hardship. The Plan agreement specifies distribution options that participants may select, including installment payments or lump sum distributions. Benefits are generally 100% vested upon early retirement, death or disability.

The Plan sponsor makes mandatory distributions to separated participants with balances less than $5,000 if the participant does not make an alternative election. Balances greater than $1,000 but less than $5,000 are distributed to an IRA on behalf of the participant. Balances less than or equal to $1,000 are paid to the participant in a lump sum.

Vesting

Participants are immediately vested 100% in all amounts contributed by the participant and all earnings on those contributions. Vesting in the Company contributions is based on years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 2 years	0%
At least 2 years	20%
At least 3 years	40%
At least 4 years	60%
At least 5 years	80%
6 years or more	100%

Note 2 - Significant Accounting Policies

The summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements.

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Recent Accounting Pronouncements

In June 2009, The Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standard ("SFAS") No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles*– a replacement of FASB Statement No. 162 ("SFAS 168") (FASB ASC 105-10). SFAS 168 replaces all previously issued accounting standards and establishes the *FASB Accounting Standards Codification* ("FASB ASC") as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. GAAP. SFAS 168 was effective for the Plan's year ended December 31, 2009. The FASB ASC is not intended to change existing U.S. GAAP. The adoption of this pronouncement only resulted in changes to the Plan's financial statement disclosure references. As such, the adoption of this pronouncement had no effect on the Plan's financial statements.

In May 2009, the FASB issued Statement No. 165, *Subsequent Events* ("SFAS 165"), included in the Codification under FASB ASC 855, which establishes general standards of accounting for and disclosure of events occurring after the balance sheet date, but before the financial statements are issued or available to be issued. FASB ASC 855 also requires entities to disclose the date through which it has evaluated subsequent events and the basis for that date. The Plan adopted SFAS 165 for its year ended December 31, 2009. The adoption did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits. See Note 12 for information regarding the Plan's evaluation of subsequent events.

In September 2009, the FASB issued ASU 2009-06, *Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities*, included in the Codification under FASB ASC 740, which provides new guidance on accounting for uncertainty in income taxes. The Plan

Note 2 - Significant Accounting Policies, continued

Recent Accounting Pronouncements, continued

adopted this guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

In January 2010, the FASB issued an ASU, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"), which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment is effective for the Plan's year ending December 31, 2010. The guidance related to Level 3 measurements is effective for the Plan's year ending December 31, 2011. The Plan is currently evaluating the impact of this guidance on its financial statement disclosures.

In September 2010, the FASB issued ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. The standard requires that participant loans be classified as notes receivable for U.S. GAAP purposes and measured at unpaid principal balance plus accrued but unpaid interest. This pronouncement is effective for the Plan's year ending December 31, 2010. The adoption will only affect classification of participant loans and related interest income in the Plan's financial statements, and will not affect net assets available for benefits.

Use of Estimates and Assumptions

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in individual mutual funds are accounted for at fair value based upon quoted market prices. Fluctuation in fair value between years is reflected as net appreciation (depreciation) in fair value of mutual fund investments in the accompanying statement of changes in net assets available for plan benefits. Loans to participants are stated at amortized cost, which approximates fair value.

Note 2 - Significant Accounting Policies, continued

Investment Valuation and Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as earned.

Distributions to Participants

Benefit payments to participants are recorded upon distribution.

Note 3 - Tax Status

The Company adopted a prototype plan document that was approved by the Internal Revenue Service ("IRS") on March 31, 2008 in an opinion letter in which the IRS stated the form of the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has not applied for an individual determination letter from the IRS. The prototype plan has been amended since the opinion letter approval, however, the Company believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and that the Plan has satisfied the qualification requirements of IRC Section 401(a) in operation and, therefore, the related trust is exempt from federal income taxes under the provisions of IRC Section 501(a). Therefore, no provision for income taxes has been included in the Plan's financial statements. Form 5500 is subject to examination by the respective federal authorities generally three years from the filing date.

Note 4 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of termination, or a partial termination of the Plan, the affected participants will become 100% vested in their accounts.

Note 5 - Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by the Trustee of the Plan. Transactions with the Trustee qualify as party-in-interest transactions. The Company paid no administrative expenses, legal fees nor audit fees during 2009 on behalf of the Plan to parties-in-interest. These transactions are exempt from the prohibited transactions rules.

Note 6 - Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was prepared by or derived from information provided by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information in Note 7 and the supplemental schedule related to the following items:

- Investment assets, transactions and income
- Schedule of assets held for investment purposes
- Loans to participants

Note 7 - Investments and Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 7 - Investments and Fair Value Measurements, continued

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

All investments in the Statements of Net Assets Available for Benefits are reported at fair value. The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Equity Securities				
Mutual Funds				
Small Cap Funds	$ 70,423	$ --	$ --	$ 70,423
International Funds	798	--	--	798
Growth Funds	316,123	--	--	316,123
Income Funds	427,797	--	--	427,797
Growth & Income Funds	88,708	--	--	88,708
Value Funds	81,736	--	--	81,736
Asset Allocation Funds	138,920	--	--	138,920
Capital Preserv Funds	185,091	--	--	185,091
Specialty Funds	8,689	--	--	8,689
Other Funds	30,265	--	--	30,265
Participant loans	--	--	97,423	97,423
Total assets	$1,348,550	$ --	$ 97,423	$1,445,973

Note 7 - Investments and Fair Value Measurements, continued

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Equity Securities				
Mutual Funds				
Small Cap Funds	$ 42,691	$ --	$ --	$ 42,691
International Funds	162	--	--	162
Growth Funds	216,263	--	--	216,263
Income Funds	280,029	--	--	280,029
Growth & Income Funds	35,034	--	--	35,034
Value Funds	31,605	--	--	31,605
Asset Allocation Funds	86,716	--	--	86,716
Capital Preserv Funds	366,203	--	--	366,203
Specialty Funds	4,843	--	--	4,843
Other Funds	14,146	--	--	14,146
Participant loans	--	--	86,568	86,568
Total assets	$1,077,692	$ --	$ 86,568	$1,164,260

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

	Level 3 Assets Participants Loans December 31,	
	2009	2008
Balance, beginning of year	$ 86,568	$ 40,340
Purchases, sales, issuances and settlements (net)	10,855	46,228
Balance, end of year	$ 97,423	$ 86,568

Note 7 - Investments and Fair Value Measurements, continued

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Participant Loans: Valued at amortized cost, which approximates fair value.

There have been no changes in methodologies used in December 31, 2009 and 2008.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents investments at December 31, 2009 and 2008, which individually represent 5% or more of the Plan's net assets:

	2009	2008
Merrill Lynch Retirement Reserves Money Fund	$ 185,091	$ 366,203
MFS Massachusetts Investors Trust B	85,025	**
BlackRock Fundamental Growth Fund Inc.	189,975	135,344
AllianceBernstein Large Cap Growth Fund B	74,975	**
BlackRock Basic Value Fund Inc.	81,736	**
BlackRock High Income Fund	280,589	**
BlackRock Total Return Fund B	147,208	241,033
BlackRock Global Allocation Fund Inc.	138,920	86,716
Participant Loans	97,423	86,568

** - *This investment did not represent 5% or more of the Plan's net assets for the period indicated.*

Note 8 - Reconciliation of Financial Statements To Forms 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements as of December 31, 2009 and 2008 and for the year ended December 31, 2009 to Form 5500.

	2009	2008
Net assets available for benefits per the financial statements	$ 1,458,962	$ 1,139,098
Add: Excess contributions payable	50,069	32,534
Less: Employer and participant contributions receivable	(19,113)	--
Net assets available for benefits per Form 5500	$ 1,489,918	$ 1,171,632

	2009
Increase (decrease) in net assets per the financial statements	$ 319,864
Add: Excess contributions payable at December 31, 2009	50,069
Deduct: Employer and participant contributions receivable	(19,113)
Deduct: Excess contributions payable at December 31, 2008	(32,534)
Increase (decrease) in net assets per Form 5500	$ 318,286

Note 9 - Prohibited Transactions

During 2009, the Company failed to deposit approximately $105,124 of participant deferrals and $23,032 of participant loan withholdings within the required timeframe as stated by the United States Department of Labor ("DOL"). Of these amounts, $16,273 was still outstanding in December 2010. The DOL considers late deposits to be prohibited transactions. The Plan sponsor will file Form 5330 – Return of Excise Taxes Related to Employee Benefit Plans and pay applicable excise tax. The excise tax payments will be made from the Plan sponsor's assets and not from assets of the Plan. See Supplemental Schedule H, Line 4a- Schedule of Delinquent Participant Contributions, for additional information.

Note 9 - Prohibited Transactions, continued

During 2009, the Company failed to withhold $11,652 in loan repayments on several new loans taken out during the current and prior years. See Supplemental Schedule H, Line 4d- Schedule of Prohibited Transactions, for additional information.

Note 10 - Excess Contributions Payable

Excess contributions payable include $17,535, $15,242 and $17,292 refundable to participants from the years ended December 31, 2009, 2008 and 2006, respectively.

Note 11 - Risks and Uncertainties

The Plan invests in various mutual funds. Mutual funds are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain mutual funds, it is at least reasonably possible that changes in the values of mutual funds could occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 12 - Subsequent Events

The Plan Administrator has evaluated subsequent events that have occurred after December 31, 2009 through January 12, 2011, the date the financial statements were available to be issued. Employee deferrals of approximately $92,000 and loan payments of approximately $56,000 for 2010 are delinquent at December 31, 2010.

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN

Supplemental Schedules

I.D. #75-2593466
Plan #001

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Form 5500 Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2009

Loan Repayments are included:	Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions Pending	
	Date withheld	Amount	Date remitted	Amount
X	January 2, 2009	$ 183	January 12, 2009	$ 183
X	January 15, 2009	3,790	February 5, 2009	3,790
X	February 13, 2009	4,095	February 23, 2009	4,095
X	February 27, 2009	155	March 10, 2009	155
	April 1, 2009	7,955	UNPAID at 12/2010	7,955
X	April 1, 2009	1,593	April 21, 2009	1,593
X	April 3, 2009	144	April 17, 2009	144
X	April 24, 2009	143	May 4, 2009	143
	May 1, 2009	8,318	UNPAID at 12/2010	8,318
X	May 1, 2009	1,603	June 18, 2009	1,603
	May 14, 2009	18	November 15, 2010	18
X	May 15, 2009	4,182	June 2, 2009	4,182
X	May 22, 2009	152	June 11, 2009	152
X	May 29, 2009	145	June 11,2009	145
X	June 1, 2009	9,876	July 17, 2009	9,876
	June 4, 2009	10	July 8, 2009	10
X	June 5, 2009	142	July 8, 2009	142
X	June 12, 2009	139	July 8, 2009	139
X	June 15, 2009	4,050	July 17, 2009	4,050
X	June 19, 2009	193	July 9, 2009	193
X	June 26, 2009	142	July 9, 2009	142
X	July 1, 2009	9,930	July 17. 2009	9,930
X	July 2, 2009	155	November 15, 2010	155
X	July 24, 2009	154	September 14, 2009	154
X	July 31, 2009	10,106	September 14, 2009	10,106
X	August 7, 2009	145	October 5, 2009	145
X	August 14, 2009	4,195	September 24, 2009	4,195
X	August 21, 2009	144	October 5, 2009	144
X	August 28, 2009	150	October 5, 2009	150
X	September 1, 2009	10,003	October 5, 2009	10,003
X	September 4, 2009	148	October 5, 2009	148
X	September 11, 2009	148	January 7, 1900	148
X	September 15, 2009	4,256	February 4, 2010	4,256
	September 16, 2009	97	November 15, 2010	97
X	September 18, 2009	144	January 28, 2010	144
X	September 25, 2009	151	January 28, 2010	151
X	October 1, 2009	8,106	February 18, 2010	8,106
X	October 2, 2009	158	January 28, 2010	158
	October 8, 2009	89	February 18, 2010	89
X	October 9, 2009	139	January 28, 2010	139

I.D. #75-2593466
Plan #001

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Form 5500 Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2009

Loan Repayments are included:	Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions Pending	
	Date withheld	Amount	Date remitted	Amount
X	October 15, 2009	4,051	January 28, 2010	4,051
X	October 16, 2009	147	January 28, 2010	147
X	October 23, 2009	153	January 28, 2010	153
X	October 30, 2009	137	January 28, 2010	137
X	November 2, 2009	3,657	February 18, 2010	3,657
X	November 2, 2009	4,104	January 28, 2010	4,104
X	November 6, 2009	138	January 28, 2010	138
X	November 13, 2009	158	January 28, 2010	158
X	November 16, 2009	1,162	January 28, 2010	1,162
X	November 17, 2009	2,887	February 18, 2010	2,887
X	November 20, 2009	138	January 28, 2010	138
X	November 25, 2009	137	January 28, 2010	137
X	December 1, 2009	7,707	March 18, 2010	7,707
X	December 4, 2009	139	April 14, 2010	139
X	December 11, 2009	154	April 14, 2010	154
X	December 15, 2009	1,289	April 14, 2010	1,289
X	December 16, 2009	2,818	April 26, 2010	2,818
	December 18, 2009	16	April 27, 2010	16
X	December 18, 2009	133	April 14, 2010	133
X	December 24, 2009	158	April 15, 2010	158
X	December 30, 2009	1,841	April 15, 2010	1,841
X	December 31, 2009	1,586	April 15, 2010	1,586
		$128,156		$128,156

I.D. #75-2593466
Plan #001

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Form 5500, Schedule H, Part IV, Line 4d
Schedule of Other Prohibited Transactions - Delinquent Loans
For the Year Ended December 31, 2009

Date failed to Withhold	Date Remitted	Amount	Constitute Nonexempt Prohibited Transaction
January 1, 2009	--	$ 124	$ 124
January 15, 2009	--	124	124
February 1,2009	--	124	124
February 15, 2009	--	124	124
March 1, 2009	--	124	124
March 15, 2009	--	124	124
April 1, 2009	--	231	231
April 15, 2009	--	271	271
May 1, 2009	--	292	292
May 15, 2009	--	271	271
June 1, 2009	--	271	271
June 15, 2009	--	318	318
July 1, 2009	--	716	716
July 15, 2009	--	936	936
August 1, 2009	--	716	716
August 15, 2009	--	716	716
September 1, 2009	--	716	716
September 15, 2009	--	716	716
October 1, 2009	--	935	935
October 15, 2009	--	717	717
November 1, 2009	--	717	717
November 15, 2009	--	717	717
December 1, 2009	--	717	717
December 15, 2009	--	935	935
		$ 11,652	$ 11,652

I.D. #75-2593466
Plan #001

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Form 5500 Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Merrill Lynch Retirement Reserves Money Fund	Mutual Fund	$ 185,091
	Oppenheimer Main Street Small Cap B	Mutual Fund	70,423
	ING Growth & Income Fund B	Mutual Fund	30,265
	MFS Massachusetts Investors Trust B	Mutual Fund	85,025
*	BlackRock Fundamental Growth Fund Inc.	Mutual Fund	189,975
	AllianceBernstein Large Cap Growth Fund B	Mutual Fund	74,975
*	BlackRock Basic Value Fund Inc.	Mutual Fund	81,736
*	BlackRock High Income Fund	Mutual Fund	280,589
*	BlackRock Total Return Fund B	Mutual Fund	147,208
*	BlackRock Global Allocation Fund Inc.	Mutual Fund	138,920
	Davis Series Growth Oppor. Fd Class B	Mutual Fund	38,317
*	Blackrock Large Cap Core Fund	Mutual Fund	12,856
*	BlackRock Science & Technology Fund Opp B	Mutual Fund	8,689
*	BlackRock Large Cap Value Fund	Mutual Fund	3,683
	Thornburg International Value Fund Class	Mutual Fund	798
*	Participant loans	Interest rates ranging from 3.25% - 8.25%	97,423
			$ 1,445,973

Column (a) indicates each identified person/entity known to be a party-in-interest with respect to the Plan.

Column (d) has been omitted because this is an individual account plan that participants direct with respect to assets allocated to their accounts.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: ON-TARGET SUPPLIES & LOGISTICS, LTD P/S PLAN

Plan Number: 256357

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
RPFEX	Davis Series Growth Oppor. Fd Class B	12 dollars per fund position
MBFGX	BlackRock Fundamental Growth Fund Inc.	12 dollars per fund position
MITBX	MFS Massachusetts Investors Trust B	12 dollars per fund position
APGBX	AllianceBernstein LargeCap Grwth Fund B	12 dollars per fund position
MBLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
MBHQX	BlackRock Total Return Fund B	12 dollars per fund position
MLIKX	Retirement Reserves(7dayYield:0.04%)	6 dollars per fund position
MBHIX	BlackRock High Income Fund	12 dollars per fund position
AGINX	ING Growth and Income B	12 dollars per fund position
OPMBX	Oppen Main Street Small Cap B	12 dollars per fund position
MBLRX	BlackRock Large Cap Core Fund	12 dollars per fund position
AWPBX	AllianceBernstein Intl Grwth Fd B	12 dollars per fund position
THGCX	Thornburg Int'l Value Fund Class	12 dollars per fund position
MBLVX	BlackRock Large Cap Value Fund	12 dollars per fund position
BGSBX	BlackRock Science & Technology Opp B	12 dollars per fund position
MBBAX	BlackRock Basic Value Fund Inc.	12 dollars per fund position

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN **EIN:** 75-2593466
Plan Sponsor's Name ON TARGET SUPPLIES AND LOGISTICS, LTD **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Merrill Lynch	Retirement Reserves(7dayYield:0.00%)	0	185,086
	BlackRock	BlackRock Capital Appreciation Fund A	0	189,975
	MFS	MFS Massachusetts Investors Trust B	0	85,025
	AllianceBernstein	AllianceBernstein LargeCap Grwth Fund B	0	74,975
	BlackRock	BlackRock Global Allocation Fund Inc.	0	138,920
	BlackRock	BlackRock Total Return Fund B	0	147,208
	BlackRock	BlackRock Basic Value Fund Inc.	0	81,736

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BlackRock	BlackRock High Income Fund	0	280,589
	Davis	Davis Series Growth Oppor. Fd Class B	0	38,317
	Oppenheimer	Oppen Main Street Small Cap B	0	70,423
	BlackRock	BlackRock Large Cap Core Fund	0	12,856
	Thornburg	Thornburg Int'l Value Fund Class	0	798
	BlackRock	BlackRock Large Cap Value Fund	0	3,683
	BlackRock	BlackRock Science & Technology Opp B	0	8,689

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ING	(CL) ING Core Equity Research Fd Cl B	0	30,265
	Participants Loan Account	Various Rates and Maturities	0	97,423
	Frontier Trust Company	Contribution Account	0	5