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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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;
- [ ] 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
STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
STORER TRANSORTATION SERVICE, INC.

3519 MCDONALD AVENUE
MODESTO, CA 95358

2b Employer Identification Number (EIN) 94-2147709

2c Sponsor's telephone number 209-521-8250

2d Business code (see instructions) 485990

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.	10/11/2011	DAN WALTON
	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")
STORER TRANSORTATION SERVICE, INC.

3519 MCDONALD AVENUE
MODESTO, CA 95358

3b Administrator's EIN
94-2147709

3c Administrator's telephone number
209-521-8250

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**	508
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**	509
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	526
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	526
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2F 2G 2J 2K 3D 3H 2T

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)	X	**D** (DFE/Participating Plan Information)
(6)		**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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STORER TRANSORTATION SERVICE, INC.

D Employer Identification Number (EIN)
94-2147709

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

PENSION ARCHITECTS
19848 PACIFIC COAST HIGHWAY
MALIBU, CA 90265

95-4626028

(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)

WILMINGTON TRUST

51-0099033

(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?
18 25 50 62	NONE	879	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DIGITAL RETIREMENT SOLUTIONS, INC.

84-1477138

(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?
12 15 38 50 60 64	NONE	1450	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
18 25 50 62	NONE	60	Yes [X] No [ ]	Yes [X] No [ ]	0	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 ☐

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
(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.	

(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.	

(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

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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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STORER TRANSORTATION SERVICE, INC.

D Employer Identification Number (EIN)
94-2147709

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WT STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-6521510-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: CHARLES SCHWAB STABLE VALUE FUND

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625180-001	C	905352

a Name of MTIA, CCT, PSA, or 103-12 IE: TL FOCUS AGGRESSIVE GROWTH

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-033	C	524566

a Name of MTIA, CCT, PSA, or 103-12 IE: TL FOCUS GROWTH

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-032	C	825130

a Name of MTIA, CCT, PSA, or 103-12 IE: TL FOCUS BALANCED

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-031	C	919528

a Name of MTIA, CCT, PSA, or 103-12 IE: TL FOCUS CONSERVATIVE

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-030	C	347139

a Name of MTIA, CCT, PSA, or 103-12 IE: TL FOCUS CAPITAL PRESERVATION

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-029	C	6669

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STORER TRANSORTATION SERVICE, INC.

D Employer Identification Number (EIN)
94-2147709

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	65060	66639
(2) Participant contributions	1b(2)	184	0
(3) Other	1b(3)	4	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	133349	134073
(9) Value of interest in common/collective trusts	1c(9)	1220758	3528385
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2625424	977242
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4044779	4706339
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	4044779	4706339

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)	66639	
(B) Participants	2a(1)(B)	335775	
(C) Others (including rollovers)	2a(1)(C)	16772	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		419186
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7207	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7207
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49314	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		49314
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		201061
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		173062
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		849830
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	176921	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		176921
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		10607
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	379	
(2) Contract administrator fees	2i(2)	60	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	303	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		742
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		188270
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		661560
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ATHERTON & ASSOCIATES (2) EIN: 94-1239084

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		184
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	
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	X		

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STORER TRANSORTATION SERVICE, INC.

D Employer Identification Number (EIN)
94-2147709

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): 42-1558009 65-1214236

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):

John C. Bettencourt
Rodney K. Sakaguchi
Ronald L. Ehrke
Scott D. Kerr
Janet Pelton
Loren J. Kuntz

George A. Atherton
Jack E. Helsby

ATHERTON
& ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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P.O. Box 4339
Modesto, CA 95352-4339
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www.athertoncpas.com

INDEPENDENT AUDITOR'S REPORT

August 17, 2010

To the Trustees
Storer Transportation Service, Inc.
Profit Sharing 401(k) Plan
Modesto, California

We were engaged to audit the accompanying statements of net assets available for benefits of Storer Transportation Service, Inc. Profit Sharing 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules of (a) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, (b) Schedule H, Line 4i - Schedule of Assets Held at End of Year, and (c) Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-5 of the United States 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 information summarized in Note 6, which was certified or provided by Charles Schwab Trust Company, the current trustee of the Plan and Wilmington Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the information summarized in Note 6 tha t was provided to th e Plan Administrator by the current trustee as of and for the period from October 2010, to December 31, 2010, and the former trustee from January 1, 2010, to October 2010, and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, 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 or provided by the current and former trustees, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 11, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This Update was retrospectively applied to December 31, 2009.

Atherton & Associates, LLP

An Independently Owned Member of the RSM McGladrey Network

Storer Transportation Service, Inc. Profit Sharing 401(k) Plan
Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions)

Year Ended December 31, 2010

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
WT Stable Value Fund	Common Collective Trust		$ 1,104,037			**	$ 1,104,037	**
Vanguard 500 Index	Mutual Fund		$ 20,109			**	$ 20,109	**
Schwab S&P 500 Index	Mutual Fund	$ 20,043				**	$ 20,043	**
Schwab Stable Value Fund	Common Collective Trust	$ 851,924				**	$ 851,924	**
TL Focus Aggressive Growth	Common Collective Trust	$ 534,708				**	$ 534,708	**
TL Focus Growth	Common Collective Trust	$ 759,497				**	$ 759,497	**
TL Focus Balanced	Common Collective Trust	$ 853,767				**	$ 853,767	**
TL Focus Conservative	Common Collective Trust	$ 334,063				**	$ 334,063	**
TL Focus Capital Preservation	Common Collective Trust	$ 5,016				**	$ 5,016	**
American Funds Growth Fund R2	Mutual Fund		$ 170,157			**	$ 170,157	**
Eagle Capital Appreciation	Mutual Fund		$ 170,097			**	$ 170,097	**
Thornburg Value	Mutual Fund		$ 161,188			**	$ 161,188	**
Thornburg Core Growth	Mutual Fund		$ 74,396			**	$ 74,396	**
Columbia Acorn Fund	Mutual Fund		$ 77,032			**	$ 77,032	**
American Funds Cap Wld G&I R2	Mutual Fund		$ 178,640			**	$ 178,640	**
Eagle Series Tr-Mid Cap Stock	Mutual Fund		$ 70,446			**	$ 70,446	**
Oppenheimer Sm & Mid Cap Value	Mutual Fund		$ 79,574			**	$ 79,574	**
ING GNMA Income	Mutual Fund		$ 264,157			**	$ 264,157	**
Prudential Jennison Small Company	Mutual Fund		$ 9,484			**	$ 9,484	**
BlackRock Equity Dividend	Mutual Fund		$ 217,217			**	$ 217,217	**
Delaware Diversified Income	Mutual Fund		$ 375,700			**	$ 375,700	**
Fidelity Advisor Leveraged Co Stock	Mutual Fund		$ 9,451			**	$ 9,451	**
Oppenheimer International Bond	Mutual Fund		$ 29,677			**	$ 29,677	**
Columbia Acorn International Select	Mutual Fund		$ 323,281			**	$ 323,281	**
John Hancock Balanced	Mutual Fund		$ 24,375			**	$ 24,375	**

* Indicates party-in-interest
**Information not available

STORER TRANSPORTATION SERVICE, INC. PROFIT SHARING 401(K) PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2010



ATHERTON
& ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

August 17, 2010

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Storer Transportation Service, Inc.
Profit Sharing 401(k) Plan
Modesto, California

We were engaged to audit the accompanying statements of net assets available for benefits of Storer Transportation Service, Inc. Profit Sharing 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules of (a) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, (b) Schedule H, Line 4i - Schedule of Assets Held at End of Year, and (c) Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-5 of the United States 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 information summarized in Note 6, which was certified or provided by Charles Schwab Trust Company, the current trustee of the Plan and Wilmington Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the information summarized in Note 6 tha t was provided to th e Plan Administrator by the current trustee as of and for the period from October 2010, to December 31, 2010, and the former trustee from January 1, 2010, to October 2010, and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, 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 or provided by the current and former trustees, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 11, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This Update was retrospectively applied to December 31, 2009.

Atherton & Associates, LLP

An Independently Owned Member of the RSM McGladrey Network

STORER TRANSPORTATION SERVICE, INC.
PROFIT SHARING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Mutual funds	$ 977,242	$ 2,625,423
Common collective fund	3,528,385	1,220,758
Total investments	4,505,627	3,846,181
Receivables		
Employer contributions	66,639	65,060
Participant contributions	-	184
Other	-	4
Notes from participants	134,073	133,349
Total receivables	200,712	198,597
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,706,339	$ 4,044,778

STORER TRANSPORTATION SERVICE, INC.
PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 374,125
Dividends	49,314
Total investment income	423,439
Interest income on notes receivable from participants	7,207
Contributions:	
Employers	66,639
Participants	335,775
Rollovers	16,772
Total contributions	419,186
Total additions	849,832
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	176,921
Deemed distributions	10,607
Administrative expenses	743
Total deductions	188,271
Net increase in net assets	661,561
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	4,044,778
End of year	$ 4,706,339

Note 1 Description of the Plan

The following description of the Storer Transportation Service, Inc. Profit-Sharing 401(k) 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 all full-time employees of the Storer Transportation Service, Inc., Storer Transit Systems, Inc., and Storer Transportation School and Contract Services, Inc. (the Companies), who have six months of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Contributions Eligible employees of the Companies may elect to contribute up to the applicable limits allowed under the Internal Revenue Code. The Companies may elect to make discretionary matching contributions that are not to exceed limits as defined by Internal Revenue Code. In addition, the Companies may elect discretionary contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts Each participant's account is credited with the participant's contribution and allocation of (a) the Companies contribution, (b) plan earnings, and charged with an allocation of administrative expenses, and (c) any forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Notes receivable from participants Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.25%. Loan terms, unless for the purchase of a principal residence, are not to exceed five years. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of Benefits On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or rollover to another qualified plan.

Investment Options Upon enrollment in the Plan, a participant may direct contributions into numerous investment choices offered by Charles Schwab Trust Company. Participants may change their investment options through written request through the Company or via the internet.

Vesting Participants are immediately vested in their salary deferral contributions and discretionary non-elective contributions. Discretionary matching contributions are vested at 25% per year over four years. A participant is 100 percent vested, after reaching normal retirement age, or upon death or disability.

Forfeited Accounts At December 31, 2010 forfeited nonvested accounts totaled $535. At December 31, 2009, there were no forfeited nonvested amounts. The Plan has elected to allocate these forfeitures to reduce plan administration fees as authorized by the plan document.

Note 1 Description of the Plan (Continued)

Administrative Expenses Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Most administrative expenses are paid directly by the Companies.

Recent Accounting Pronouncement In January 2010, FASB issued an amendment ["Fair Value measurements and Disclosures –Improving Disclosures about Fair Value Measurements" (ASU 2010-06)] which requires new disclosures about transfers of financial assets and liabilities between levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques 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 reconciliation of Level 3 measurements, the amendment was effective and adopted for periods beginning on or after December 15, 2009. The guidance related to reconciliation of Level 3 measurements is effective for periods beginning on or after December 15, 2010.

Note 2 Summary of Accounting Policies

Method of Accounting The Plan maintains its financial statements and accounting records on the accrual basis of accounting.

Investment Valuations and Income Recognition The Plan's investments are reported at fair value based on the quoted market price of the fund, which represents the net asset value of the shares held by the fund at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits The Plan records benefits when paid. Total vested benefits due to terminated participants but not paid was $198,237 as of December 31, 2010.

Related Party Transactions Charles Schwab Trust Company, the Plan's trustee, Wilmington Trust Company, the Plan's former trustee, and Digital Retirement Solutions, the Plan's third party administrator are parties-in-interest according to Section 3(14) of ERISA.

Use of Estimates The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Subsequent Events In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 17, 2011, the date the financial statements were available to be issued.

Note 3 Investments

The Plan's investments are held in a trust fund administered by Charles Schwab Trust Company. Investments that represent five percent or more of the Plan's net assets as of December 31, 2010 are separately identified as follows:

Schwab Stable Value Fund	$ 905,353
TL Focus Aggressive Growth	524,566
TL Focus Growth	825,130
TL Focus Balanced	919,528
TL Focus Conservative	347,139

The Plan's investments were held in a trust fund administered by Wilmington Trust Company. Investments that represent five percent or more of the Plan's net assets as of December 31, 2009 are separately identified as follows:

American Funds Growth Fund R2	$ 219,243
Thornburg Value	212,903
Delaware Diversified Income Fund Class R	293,483
WT Stable Value Fund	1,220,758
Black Rock Equity Dividend Fund R	220,783
ING GNMA Income	249,279
Columbia Acorn International	428,079

Note 4 Income Tax Status

The Plan obtained its latest non-standardized determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 5 Plan Termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

Note 6 Information Prepared and Certified by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab Trust Company as of December 31, 2010 and Wilmington Trust Company as of December 31, 2009, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules at December 31:

	2010	2009
WT Stable Value Fund	$ -	$1,220,758
Schwab Stable Value Fund Advisor CL	905,353	-
TL Focus Aggressive Growth Fund R3	524,566	-
TL Focus Growth Fund R3	825,130	-
TL Focus Balanced Fund R3	919,528	-
TL Focus Conservative Fund R3	347,139	-
TL Focus Capital Preservation FD R3	6,669	-
American FDS Growth FD America R2	67,365	219,243
Eagle Capital Appreciation Trust FD CL A	53,116	177,250
Fidelity ADV Leveraged Stock CL T	11,508	833
Thornburg Value Fund Class A	45,601	212,903
Vanguard 500 Index	-	18,949
Oppenheimer International Bond N	22,606	575
Thornburg Core Growth Fund Class A	16,548	102,028
Columbia Acorn Fund Class A	37,055	115,132
American FD Capital World Growth	119,079	191,067
Oppenheimer Small Cap Value N	31,384	109,234
Columbia Acorn Intl Select FD CL A	102,596	428,079
Delaware Diversified Income R	111,181	293,483
Eagle Mid Cap Stock Fund CL A	14,058	112,732
Black Rock Equity DIV FD CL A	92,736	220,783
ING GNMA Income FD	39,975	249,279
J Hancock Balanced Fund CL A	166,024	171,634
ING Global Real Estate CL A	7,912	2,083
Prudential Jennison Small COCL R	16,225	136
Schwab S&P 500 Index Fund – Select S	22,273	-

The trustees also certified to the completeness and accuracy of $374,125 of net appreciation and $49,314 of dividend income associated with the investments above for the year ended December 31, 2010.

Note 7 Risk and Uncertainties

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

Note 8 Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value. The 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 are described below:

Level 1 Represents financial assets whose fair value is determined based upon observable unadjusted quoted market prices for identical financial assets in active markets that the Plan has the ability to access.

Level 2 Represents financial assets whose fair value is determined based upon quoted market prices for similar assets in active markets; quoted market prices for identical assets in inactive markets; inputs other than quoted market prices that are observable for the assets such as interest rates or yield curves, or other inputs derived principally from or corroborated from other observable market information.

Level 3 Represents financial assets whose fair value is determined based upon inputs that are unobservable, including the Plan's own determinations of the assumptions that a market participant would use in pricing the asset.

There have been no changes in the methodologies used at December 31, 2010 and 2009. The following is a description of the valuation methodologies used for assets measured at fair value.

Common collective fund: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

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

Note 8 Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 977,242	$ -	$ -	$ 977,242
Common collective fund	-	3,528,385	-	3,528,385
Total assets at fair value	$ 977,242	$3,528,385	$ -	$4,505,627

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$2,625,423	$ -	$ -	$2,625,423
Common collective fund	-	1,220,758	-	1,220,758
Total assets at fair value	$2,625,423	$1,220,758	$ -	$3,846,181

Note 9 Prohibited Transactions

The plan sponsor inadvertently failed to deposit approximately $184 for the year ended December 31, 2010, within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The Plan sponsor will file Form 5330 and pay the applicable excise tax. The excise tax payments will be made from the Plan sponsor's assets and not from assets of the Plan.

Note 10 Reconciliation of Financial Statements to Internal Revenue Service Form 5500

The following is a reconciliation between the financial statements and Form 5500 at December 31:

	2010	2009
Total investments per financial statements	$4,505,627	$3,846,181
Notes receivable from participants	134,073	133,349
Total investments per Form 5500	$4,639,700	$3,979,530

Note 11 Change in Accounting Principle

In September 2010, the Financial Accounting Standards Board issued an amendment, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25),* which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $134,073 and $133,349 from investments to notes receivable as of December 31, 2010 and 2009, respectively. There was no impact to the net assets as of December 31, 2010 or 2009, as a result of the adoption.

Note 12 Change in Trustees

The plan c hanged its trustee from Wilmington Trust Company to Charles Schwab Trust Company effective October 2010.

SUPPLEMENTAL SCHEDULES - FORM 5500 PURPOSES

STORER TRANSPORTATION SERVICE, INC.
PROFIT SHARING 401(K) PLAN
EIN 94-2147709
PLAN NUMBER 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2010

Identity of Party Involved	Relationship to Plan, Employer, or Other Party-in-Interest	Description of Transaction	Cost of Asset	Fair Value of Asset
Storer Transportation Service, Inc.	Plan Sponsor	Delinquent 2010 employee contributions	$ 184	$ 184

(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
*	Charles Schwab Trust Company	Schwab Stable Value Fund Advisor CL Common Collective Fund	N/A	$ 905,353
*	Charles Schwab Trust Company	TL Focus Aggressive Growth Fund R3 Common Collective Fund	N/A	524,566
*	Charles Schwab Trust Company	TL Focus Growth Fund R3 Common Collective Fund	N/A	825,130
*	Charles Schwab Trust Company	TL Focus Balanced Fund R3 Common Collective Fund	N/A	919,528
*	Charles Schwab Trust Company	TL Focus Conservative Fund R3 Common Collective Fund	N/A	347,139
*	Charles Schwab Trust Company	TL Focus Capital Preservation FD R3 Common Collective Fund	N/A	6,669
*	Charles Schwab Trust Company	American FDS Growth FD America R2 Mutual Fund	N/A	67,365
*	Charles Schwab Trust Company	Eagle Capital Apprec Trust FD CL A Mutual Fund	N/A	53,116
*	Charles Schwab Trust Company	Fidelity ADV Leveraged Stock CL T Mutual Fund	N/A	11,508
*	Charles Schwab Trust Company	Thornburg Value Fund Class A Mutual Fund	N/A	45,601
*	Charles Schwab Trust Company	Oppenheimer International Bond N Mutual Fund	N/A	22,606

(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
*	Charles Schwab Trust Company	Thornburg Core Growth Fund Class A Mutual Fund	N/A	$ 16,548
*	Charles Schwab Trust Company	Columbia Acorn Fund Class A Mutual Fund	N/A	37,055
*	Charles Schwab Trust Company	American FD Capital World Growth Mutual Fund	N/A	119,079
*	Charles Schwab Trust Company	Oppenheimer Small Cap Value N Mutual Fund	N/A	31,384
*	Charles Schwab Trust Company	Columbia Acorn Intl Select FD CL A Mutual Fund	N/A	102,596
*	Charles Schwab Trust Company	Delaware Diversified Income R Mutual Fund	N/A	111,181
*	Charles Schwab Trust Company	Eagle Mid Cap Stock Fund CL A Mutual Fund	N/A	14,058
*	Charles Schwab Trust Company	BlackRock Equity DIV FD CL R Mutual Fund	N/A	92,736
*	Charles Schwab Trust Company	ING GNMA Income FD Mutual Fund	N/A	39,975
*	Charles Schwab Trust Company	J Hancock Balanced Fund CL A Mutual Fund	N/A	166,024
*	Charles Schwab Trust Company	ING Global Real Estate CL A Mutual Fund	N/A	7,912

STORER TRANSPORTATION SERVICE, INC.
PROFIT SHARING 401(K) PLAN

EIN 94-2147709
PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

(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
*	Charles Schwab Trust Company	Prudential Jennison Small COCL R Mutual Fund	N/A	$ 16,225
*	Charles Schwab Trust Company	Schwab S&P 500 Index Fund - Select S Mutual Fund	N/A	22,273
	Participant loans	Interest rates (4.25% to 9.25%)	N/A	134,073
	Total			$ 4,639,700

* Represents a party-in-interest.

The above information has been certified by Charles Schwab Trust Company.

	(a) Identity of Party Involved	(b) Description of Asset (Include in Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	WT Stable Value Fund	Common Collective Trust		$ 1,104,037			**	$ 1,104,037	**
*	Vanguard 500 Index	Mutual Fund		20,109			**	20,109	**
*	Schwab S&P 500 Index	Mutual Fund	20,043				20,043	20,043	-
*	Schwab Stable Value Fund	Common Collective Trust	851,924				851,924	851,924	-
*	TL Focus Aggressive Growth Fund R3	Common Collective Trust	534,708				534,708	534,708	-
*	TL Focus Growth Fund R3	Common Collective Trust	759,497				759,497	759,497	-
*	TL Focus Balanced Fund R3	Common Collective Trust	853,767				853,767	853,767	-
*	TL Focus Conservative Fund R3	Common Collective Trust	334,063				334,063	334,063	-
*	TL Focus Capital Preservation Fd R3	Common Collective Trust	5,016				5,016	5,016	-
*	American Funds Growth Fund R2	Mutual Fund		170,157			201,853	170,157	(31,696)
*	Eagle Capital Appreciation	Mutual Fund		170,097			200,459	170,097	(30,362)
*	Thornburg Value	Mutual Fund		161,188			175,332	161,188	(14,144)
*	Thornburg Core Growth	Mutual Fund		74,396			77,679	74,396	(3,283)
*	Columbia Acorn Fund	Mutual Fund		77,032			89,148	77,032	(12,116)
*	American Funds Cap Wld G&I R2	Mutual Fund		178,640			230,709	178,640	(52,069)
*	Eagle Series Tr-Mid Cap Stock	Mutual Fund		70,446			69,609	70,446	837
*	Oppenheimer Sm & Mid Cap Value	Mutual Fund		79,574			98,169	79,574	(18,595)
*	ING GNMA Income	Mutual Fund		264,157			263,862	264,157	295
*	Prudential Jennison Small Company	Mutual Fund		9,484			27,972	9,484	(18,488)
*	BlackRock Equity Dividend Fund R	Mutual Fund		217,217			266,988	217,217	(49,771)
*	Delaware Diversified Income Fund	Mutual Fund		375,700			393,136	375,700	(17,436)
*	Fidelity Advisor Leveraged Co Stock	Mutual Fund		9,451			21,771	9,451	(12,320)
*	Oppenheimer International Bond	Mutual Fund		29,677			45,865	29,677	(16,188)
*	Columbia Acorn International	Mutual Fund		323,281			360,809	323,281	(37,528)
*	John Hancock Balanced	Mutual Fund		24,375			24,571	24,375	(196)

* Designates party-in-interest

** Information not available per trustee

The above information has been certified by Wilmington Trust Co. or Charles Schwab Trust Co.

(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
*	Charles Schwab Trust Company	Schwab Stable Value Fund Advisor CL Common Collective Fund	N/A	$ 905,353
*	Charles Schwab Trust Company	TL Focus Aggressive Growth Fund R3 Common Collective Fund	N/A	524,566
*	Charles Schwab Trust Company	TL Focus Growth Fund R3 Common Collective Fund	N/A	825,130
*	Charles Schwab Trust Company	TL Focus Balanced Fund R3 Common Collective Fund	N/A	919,528
*	Charles Schwab Trust Company	TL Focus Conservative Fund R3 Common Collective Fund	N/A	347,139
*	Charles Schwab Trust Company	TL Focus Capital Preservation FD R3 Common Collective Fund	N/A	6,669
*	Charles Schwab Trust Company	American FDS Growth FD America R2 Mutual Fund	N/A	67,365
*	Charles Schwab Trust Company	Eagle Capital Apprec Trust FD CL A Mutual Fund	N/A	53,116
*	Charles Schwab Trust Company	Fidelity ADV Leveraged Stock CL T Mutual Fund	N/A	11,508
*	Charles Schwab Trust Company	Thornburg Value Fund Class A Mutual Fund	N/A	45,601
*	Charles Schwab Trust Company	Oppenheimer International Bond N Mutual Fund	N/A	22,606

(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
*	Charles Schwab Trust Company	Thornburg Core Growth Fund Class A Mutual Fund	N/A	$ 16,548
*	Charles Schwab Trust Company	Columbia Acorn Fund Class A Mutual Fund	N/A	37,055
*	Charles Schwab Trust Company	American FD Capital World Growth Mutual Fund	N/A	119,079
*	Charles Schwab Trust Company	Oppenheimer Small Cap Value N Mutual Fund	N/A	31,384
*	Charles Schwab Trust Company	Columbia Acorn Intl Select FD CL A Mutual Fund	N/A	102,596
*	Charles Schwab Trust Company	Delaware Diversified Income R Mutual Fund	N/A	111,181
*	Charles Schwab Trust Company	Eagle Mid Cap Stock Fund CL A Mutual Fund	N/A	14,058
*	Charles Schwab Trust Company	BlackRock Equity DIV FD CL R Mutual Fund	N/A	92,736
*	Charles Schwab Trust Company	ING GNMA Income FD Mutual Fund	N/A	39,975
*	Charles Schwab Trust Company	J Hancock Balanced Fund CL A Mutual Fund	N/A	166,024
*	Charles Schwab Trust Company	ING Global Real Estate CL A Mutual Fund	N/A	7,912

STORER TRANSPORTATION SERVICE, INC.
PROFIT SHARING 401(K) PLAN

EIN 94-2147709
PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

(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
*	Charles Schwab Trust Company	Prudential Jennison Small COCL R Mutual Fund	N/A	$ 16,225
*	Charles Schwab Trust Company	Schwab S&P 500 Index Fund - Select S Mutual Fund	N/A	22,273
	Participant loans	Interest rates (4.25% to 9.25%)	N/A	134,073
	Total			$ 4,639,700

* Represents a party-in-interest.

The above information has been certified by Charles Schwab Trust Company.

Attachment to 2010 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Storer Transportation Service, Inc. Profit Sharing 401(k) Plan **EIN:** 94-2147709
Plan Sponsor's Name Storer Transortation Service, Inc. **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	0	184	0	0