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
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
214-941-4885

2d Business code (see instructions)
424100

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.	10/17/2011	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
214-941-4885

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**	174
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**	171
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	180
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	64
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 3F 3B

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.**	**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	**B** Three-digit plan number (PN) ▶	
ON TARGET SUPPLIES AND LOGISTICS LTD 401(K) PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ON TARGET SUPPLIES AND LOGISTICS, LTD	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?
99 37 15 60 50 64	RECORD KEEPER	8840	Yes [X] No [ ]	Yes [ ] No [X]	134	Yes [X] No [ ]

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

CF AND CO, LLP

20-0162782

(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?
10 50	PLAN AUDITOR	17000	Yes [ ] No [X]	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 ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA 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	134

(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

(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

(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.**	**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:
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
JUAN A. ALONZO	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	1371

(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 C. AVANT	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	811

(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
JULIA A. HILL	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	973

(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 S. ROBINSON	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	1156

(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 L. WADE	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	3394

(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 WITHHOLD LOAN REPAYMENTS	9971

(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
CHARLES CAULEY	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	700

(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
HOMERO COSTILLA	EMPLOYEE	FAILURE TO WITHHOLD LOAN REPAYMENTS	188

(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

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
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)	6913	16450
(2) Participant contributions	1b(2)	37032	94738
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	185091	146821
(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)	97423	188396
(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)	1163459	1207765
(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	1489918	1654170
	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	1489918	1654170

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)	18488	
	(B) Participants	2a(1)(B)	136049	
	(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)		154537
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	91	
	(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)	8189	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8280
	(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)	30428	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		30428
	(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)		113361
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		306606
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	116484	
(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)		116484
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)	17000	
(2) Contract administrator fees	2i(2)	8870	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25870
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		142354
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		164252
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		203283
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		18563
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
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
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, 2010 and 2009

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, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules, 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, 2010 and 2009.

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 or provided 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.

Dallas, Texas
October 17, 2011

ON-TARGET SUPPLIES & LOGISTICS, LTD.
401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets:		
Investments:		
Mutual funds	$ 1,354,586	$ 1,348,550
Receivables:		
Employer contributions	16,450	9,448
Participant contributions	104,918	53,610
Notes receivable from participants	182,593	97,423
Total Assets	1,658,547	1,509,031
Liabilities:		
Excess contributions payable	88,425	50,069
Net assets available for benefits	$ 1,570,122	$ 1,458,962

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. 2010

Additions and gains:	
Investment income and gains:	
Interest and dividends	$ 31,915
Net appreciation in fair value of investments	111,965
Net investment income and gains	143,880
Interest income on notes receivable from participants	1,600
Contributions:	
Participant	99,734
Employer	19,447
Total contributions	119,181
Net additions and gains	264,661
Deductions:	
Benefits paid to participants	127,871
Administrative expenses	25,630
Total deductions	153,501
Increase in net assets available for benefit	111,160
Net assets available for benefits:	
Beginning of year	1,458,962
End of year	$ 1,570,122

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. Employees are eligible to participate in the Plan effective with their first day of employment. Employees who fail to enroll or do not decline to participate in the Plan ("Defaulted Participants") are automatically enrolled in the Plan. 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"). Defaulted Participants' contributions are set at 2% of their compensation. 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 2010, 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.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Notes

Note 1 - Description of the Plan, continued

Notes Receivable from Participants, continued

receivable transactions are treated as a transfer from the investment fund to the participant notes receivable fund. Note terms range from one to five years, unless such loans are used for the purchase of a primary residence.

The notes 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. Principal and interest are paid ratably through payroll deductions. Interest rates on loans outstanding as of December 31, 2010 range from 3.25% to 8.25%. The maturity dates for the outstanding loans range from January 2009 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, 2010 and 2009 balances in forfeited non-vested accounts were $13,320 and $33,130, respectively.

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.

Benefit payments are recorded when paid. At December 31, 2010 there were no amounts allocated to accounts of persons who elected to withdraw from the Plan but have not yet been paid.

Vesting

Participants are immediately vested 100% in all amounts contributed by the participant as well as employer contributions other than matching contributions and all earnings on those contributions. A participant is 100% vested in employer matching contributions after six years of credited service.

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 January 2010, the Financial Accounting Standard Board issued an Accounting Standards Update ("ASU"), *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"), which required new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarified that fair value measurement disclosures are required for both Level 2 and Level 3 measurements. It further clarified 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 was effective for the Plan's year ended December 31, 2010. As the standard affected disclosures only, the adoption of this standard did not have an impact on the Plan's financial statements. The guidance related to Level 3 measurements is effective for the Plan's year ending December 31, 2011, and is not expected to have a material impact on the Plan's financial reporting as there are currently no Level 3 investments.

The Plan adopted ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* for its year ended December 31, 2010. This amendment required 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. The adoption resulted in retrospective reclassification of participant notes from investments totaling $97,423 as of December 31, 2009. There was no impact to the net assets as of December 31, 2009 as a result of the adoption. Prior disclosures have also been revised.

Accounting Estimates

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.

Note 2 - Significant Accounting Policies, continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 3 - Income Tax Status

The Plan adopted a non-standardized form of a prototype plan sponsored by Ascensus Inc. The prototype plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan was last amended effective January 1, 2009, however, the Plan Administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. The Plan Administrator has analyzed the Plan's tax positions taken and has concluded that the Plan had maintained its tax exempt status and had taken no uncertain positions that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to income tax examinations by the U.S. federal, state, or local tax authorities over various statutes of limitations, most ranging from three to five years from the date of filing. Any potential interest and penalty associated with a tax position would be included as a component of income tax expense in the period in which the assessment arises.

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.

Note 6 - Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules 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 schedules related to the following items:

- Investment assets, transactions and income
- Schedule of assets held for investment purposes
- Notes receivable from participants and related interest income

Note 7 - Investments and Fair Value Measurements

The framework for measuring fair value under U.S. GAAP provides for a 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 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan has the ability to access.

Note 7 - Investments and Fair Value Measurements, continued

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 other than quoted prices that observable for the asset or liability.
- 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.

The asset's or liability's categorization 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.

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

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

There have been no changes in the methodologies used at December 31, 2010 and 2009.

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 sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009.

Note 7 - Investments and Fair Value Measurements, continued

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Equity Securities:				
Mutual Funds:				
Small Cap Funds	$ 112,317	$ --	$ --	$ 112,317
Large Cap Funds	15,950	--	--	15,950
Equity Funds	45,729	--	--	45,729
International Funds	1,405	--	--	1,405
Growth Funds	338,171	--	--	338,171
Income Funds	278,114	--	--	278,114
Growth & Income Funds	18,945	--	--	18,945
Value Funds	30,328	--	--	30,328
Asset Allocation Funds	130,721	--	--	130,721
Capital Preserv Funds	146,821	--	--	146,821
Specialty Funds	81,526	--	--	81,526
Other Funds	154,559	--	--	154,559
Total assets	$ 1,354,586	$ --	$ --	$ 1,354,586

	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	346,388	--	--	346,388
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
Total assets	$ 1,348,550	$ --	$ --	$ 1,348,550

The following table presents investments at December 31, 2010 and 2009, which individually represent 5% or more of the Plan's net assets:

Note 7 - Investments and Fair Value Measurements, continued

	2010	2009
Merrill Lynch Retirement Reserves Money Fund	$ 146,821	$ 185,091
MFS Massachusetts Investors Trust B	**	85,025
BlackRock Fundamental Growth Fund Inc.	**	189,975
AllianceBernstein Large Cap Growth Fund B	**	74,975
BlackRock Basic Value Fund Inc.	**	81,736
BlackRock High Income Fund	278,050	280,589
BlackRock Total Return Fund B	**	147,208
BlackRock Global Allocation Fund Inc.	**	138,920
BlackRock Capital Appreciation Fund A	275,066	**
BlackRock Total Return Fund A	154,559	**
BlackRock Global Allocation Fund A	130,721	**
Oppenheimer Main St Small & Mid Cap A	112,317	**

** - *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, 2010 and 2009 and for the year ended December 31, 2010 to Form 5500.

	2010	2009
Net assets available for benefits per the financial statements	$ 1,570,122	$ 1,458,962
Add: Excess contributions payable	88,425	50,069
Participant loans	5,803	--
Less: Employer and participant contributions receivable	(10,180)	(19,113)
Net assets available for benefits per Form 5500	$ 1,654,170	$ 1,489,918

Note 8 - Reconciliation of Financial Statements To Forms 5500, continued

	2010
Increase (decrease) in net assets per the financial statements	$ 111,160
Add: Employer and participant contributions receivable at December 31, 2009	19,113
Excess contributions payable at December 31, 2010	88,425
Participant loans	5,803
Less: Employer and participant contribution receivable at December 31, 2010	(10,180)
Excess contributions payable at December 31, 2009	(50,069)
Increase (decrease) in net assets per Form 5500	$ 164,252

Note 9 - Prohibited Transactions

During 2010, the Company failed to deposit approximately $141,623 of participant deferrals and $61,660 of participant loan withholdings within the required timeframe as stated by the United States Department of Labor ("DOL"). Of these amounts, $5,227 was still outstanding in October 17, 2011. The DOL considers late deposits to be prohibited transactions. The Plan sponsor will contribute lost earnings, 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. Additionally, the Company failed to withhold $18,563 in loan repayments during 2010 and prior years.

Note 10 - Excess Contributions Payable

Excess contributions payable include $38,356, $17,535, $15,242 and $17,292 refundable to participants from the years ended December 31, 2010, 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 reviewed events that have occurred after December 31, 2010 through October 17, 2011, the date the financial statements were available to be issued. Employee contributions of approximately $27,000 and loan payments of approximately $23,000 for 2011 are delinquent at October 17, 2010.

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401(K) PROFIT SHARING PLAN

Supplemental Schedules

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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, 2010

Check here if late participant loan	Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions Pending Correction in VFCP		
	Date withheld	Amount	Date remitted	Amount Remitted	Amount to be Remitted
X	January 8, 2010	$ 148	August 18, 2010	$ 148	$
	January 12, 2010	758	August 18, 2010	758	
X	January 15, 2010	154	August 18, 2010	154	
X	January 15, 2010	3,132	August 23, 2010	3,132	
X	January 15, 2010	1,220	September 8, 2010	1,204	16
	January 19, 2010	500	August 31, 2010	500	
X	January 22, 2010	151	August 31, 2010	151	
X	January 29, 2010	165	August 31, 2010	165	
X	February 1, 2010	5,740	September 14, 2010	5,740	
X	February 1, 2010	1,029	October 1, 2010	1,029	
X	February 1, 2010	2,865	October 1, 2010	2,865	
X	February 5, 2010	153	October 1, 2010	153	
X	February 12, 2010	151	October 1, 2010	151	
X	February 12, 2010	2,865	October 13, 2010	2,865	
X	February 12, 2010	896	October 13, 2010	880	16
	February 16, 2010	4,453	October 22, 2010	4,453	
X	February 19, 2010	180	October 22, 2010	180	
X	February 26, 2010	158	November 9, 2010	143	15
X	March 1, 2010	6,527	November 9, 2010	6,527	
X	March 1, 2010	1,064	November 19, 2010	1,064	
X	March 1, 2010	2,874	November 19, 2010	2,858	16
X	March 5, 2010	154	December 6, 2010	154	
	March 5, 2010	40	December 6, 2010	40	
X	March 12, 2010	146	December 6, 2010	146	
X	March 15, 2010	2,894	December 6, 2010	2,894	
X	March 15, 2010	992	December 6, 2010	992	
X	March 19, 2010	157	December 17, 2010	157	
X	March 26, 2010	161	December 17, 2010	161	
X	April 1, 2010	1,224	December 17, 2010	1,224	
X	April 1, 2010	5,740	December 31, 2010	5,740	
X	April 1, 2010	2,894	December 17, 2010	2,894	
X	April 2, 2010	170	January 5, 2011	170	
X	April 9, 2010	152	January 5, 2011	152	
	April 13, 2010	32	January 5, 2011	32	
X	April 15, 2010	983	January 5, 2011	983	
X	April 15, 2010	2,861	January 5, 2011	2,846	15
X	April 16, 2010	152	January 5, 2011	152	
X	April 23, 2010	163	January 5, 2011	163	
X	April 30, 2010	158	January 5, 2011	158	

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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, 2010

Check here if late participant loan	Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions Pending Correction in VFCP		
	Date withheld	Amount	Date remitted	Amount Remitted	Amount to be Remitted
X	April 30, 2010	993	January 5, 2011	977	16
X	April 30, 2010	5,740	January 5, 2011	5,740	
X	April 30, 2010	2,894	January 5, 2011	2,894	
X	May 7, 2010	152	January 5, 2011	152	
X	May 14, 2010	168	January 5, 2011	168	
X	May 14, 2010	965	January 5, 2011	965	
X	May 14, 2010	2,894	January 5, 2011	2,894	
X	May 21, 2010	159	January 5, 2011	159	
X	May 28, 2010	156	January 5, 2011	156	
X	June 1, 2010	5,740	January 5, 2011	5,740	
X	June 1, 2010	2,974	January 5, 2011	2,974	
X	June 1, 2010	1,099	January 5, 2011	1,099	
X	June 4, 2010	150	January 5, 2011	150	
X	June 11, 2010	155	January 5, 2011	155	
X	June 15, 2010	2,974	January 5, 2011	2,974	
X	June 15, 2010	988	January 5, 2011	988	
X	June 18, 2010	155	January 5, 2011	155	
X	June 25, 2010	167	January 5, 2011	167	
X	July 1, 2010	10,829	January 31, 2011	10,829	
X	July 1, 2010	1,133	January 31, 2011	1,133	
X	July 1, 2010	2,894	January 31, 2011	2,894	
X	July 2, 2010	170	January 31, 2011	170	
X	July 15, 2010	978	January 31, 2011	978	
X	July 15, 2010	2,894	January 31, 2011	2,894	
X	July 16, 2010	157	January 31, 2011	157	
X	July 23, 2010	167	January 31, 2011	167	
X	July 30, 2010	144	January 31, 2011	144	
X	August 2, 2010	10,829	February 11, 2011	8,912	1,917
X	August 2, 2010	1,059	February 11, 2011	1,059	
X	August 2, 2010	2,894	February 11, 2011	2,894	
X	August 6, 2010	172	February 11, 2011	172	
X	August 13, 2010	195	February 11, 2011	195	
X	August 16, 2010	1,281	February 28, 2011	1,281	
X	August 16, 2010	2,894	February 28, 2011	2,685	209
X	August 20, 2010	182	February 28, 2011	182	
X	August 27, 2010	187	February 28, 2011	187	
X	September 1, 2010	1,040	March 4, 2011	1,040	
X	September 1, 2010	8,912	March 4, 2011	8,412	500
X	September 1, 2010	2,676	March 4, 2011	2,911	(235)

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401(K) PROFIT SHARING PLAN
Form 5500 Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2010

Check here if late participant loan	Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions Pending Correction in VFCP		
	Date withheld	Amount	Date remitted	Amount Remitted	Amount to be Remitted
X	September 3, 2010	188	March 4, 2011	--	188
X	September 10, 2010	164	March 4, 2011	164	
X	September 15, 2010	2,676	March 4, 2011	2,442	234
X	September 15, 2010	1,281	March 4, 2011	1,281	
X	September 17, 2010	163	March 4, 2011	163	
X	September 24, 2010	177	March 4, 2011	177	
X	October 1, 2010	167	March 4, 2011	167	
X	October 1, 2010	8,912	March 4, 2011	8,412	500
X	October 1, 2010	2,676	March 4, 2011	2,442	234
X	October 1, 2010	1,389	March 4, 2011	1,389	
X	October 8, 2010	170	March 14, 2011	170	
X	October 15, 2010	169	March 14, 2011	169	
X	October 15, 2010	1,282	March 14, 2011	1,282	
X	October 15, 2010	2,409	March 14, 2011	2,175	234
X	October 22, 2010	176	March 14, 2011	176	
X	October 29, 2010	170	March 14, 2011	170	
X	October 29, 2010	8,912	March 25, 2011	8,912	
X	October 29, 2010	2,409	March 28, 2011	2,409	
X	November 1, 2010	1,346	March 28, 2011	1,112	234
X	November 5, 2010	191	April 11, 2011	191	
X	November 12, 2010	169	April 11, 2011	169	
X	November 15, 2010	2,409	April 11, 2011	2,409	
X	November 15, 2010	1,215	April 11, 2011	1,215	
X	November 19, 2010	186	April 11, 2011	186	
X	November 24, 2010	164	April 11, 2011	164	
X	December 1, 2010	8,864	April 15, 2011	8,864	
X	December 1, 2010	2,409	April 15, 2011	2,175	234
X	December 1, 2010	1,216	April 15, 2011	1,216	
X	December 3, 2010	173	April 15, 2011	173	
X	December 10, 2010	162	April 15, 2011	162	
X	December 15, 2010	1,353	April 15, 2011	1,353	
X	December 15, 2010	2,305	April 15, 2011	2,175	130
X	December 17, 2010	171	April 15, 2011	171	
X	December 23, 2010	171	April 15, 2011	171	
X	December 30, 2010	8,944	April 29, 2011	8,319	625
X	December 30, 2010	1,407	April 22, 2011	1,407	
X	December 30, 2010	2,305	April 22, 2011	2,175	130
X	December 30, 2010	167	April 29, 2011	167	
		$ 203,283		$ 198,055	$ 5,228

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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, 2010

Date failed to Withhold	Date Remitted	Amount	Constitute Nonexempt Prohibited Transaction
September 15, 2008	--	$ 75	$ 75
October 1, 2008	--	96	96
October 31, 2008	--	124	124
November 1, 2008	--	124	124
November 15, 2008	--	124	124
December 1, 2008	--	124	124
December 15, 2008	--	124	124
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	--	123	123
April 15, 2009	--	164	164
May 1, 2009	--	184	184
May 15, 2009	--	164	164
June 1, 2009	--	164	164
June 15, 2009	--	164	164
July 1, 2009	--	562	562
July 15, 2009	--	828	828
August 1, 2009	--	609	609
August 15, 2009	--	609	609
September 1, 2009	--	609	609
September 15, 2009	--	609	609
October 1, 2009	--	827	827
October 15, 2009	--	610	610
November 1, 2009	--	610	610
November 15, 2009	--	610	610
December 1, 2009	--	610	610
December 15, 2009	--	828	828
January 8, 2010	--	20	20
January 15, 2010	--	193	193
January 22, 2010	--	20	20
January 29, 2010	--	20	20

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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, 2010

Date failed to Withhold	Date Remitted	Amount	Constitute Nonexempt Prohibited Transaction
February 1, 2010	--	173	173
February 5, 2010	--	20	20
February 12, 2010	--	193	193
February 19, 2010	--	20	20
February 26, 2010	--	20	20
March 1, 2010	--	173	173
March 5, 2010	--	20	20
March 12, 2010	--	20	20
March 15, 2010	--	173	173
March 19, 2010	--	20	20
March 26, 2010	--	20	20
April 1, 2010	--	173	173
April 2, 2010	--	20	20
April 9, 2010	--	20	20
April 15, 2010	--	199	199
April 16, 2010	--	20	20
April 23, 2010	--	20	20
April 30, 2010	--	219	219
May 7, 2010	--	20	20
May 14, 2010	--	219	219
May 21, 2010	--	220	220
May 28, 2010	--	220	220
June 1, 2010	--	219	219
June 4, 2010	--	220	220
June 11, 2010	--	220	220
June 15, 2010	--	219	219
June 18, 2010	--	220	220
June 25, 2010	--	220	220
July 1, 2010	--	219	219
July 2, 2010	--	220	220
July 9, 2010	--	220	220
July 15, 2010	--	219	219
July 16, 2010	--	220	220
July 23, 2010	--	220	220
July 30, 2010	--	220	220

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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, 2010

Date failed to Withhold	Date Remitted	Amount	Constitute Nonexempt Prohibited Transaction
August 2, 2010	--	219	219
August 6, 2010	--	199	199
August 16, 2010	--	48	48
August 20, 2010	--	199	199
August 27, 2010	--	199	199
September 1, 2010	--	48	48
September 10, 2010	--	199	199
September 15, 2010	--	48	48
September 24, 2010	--	199	199
October 1, 2010	--	26	26
October 8, 2010	--	199	199
October 15, 2010	--	23	23
October 22, 2010	--	199	199
October 29, 2010	--	199	199
November 1, 2010	--	7	7
November 12, 2010	--	199	199
November 15, 2010	--	7	7
November 24, 2010	--	199	199
December 1, 2010	--	7	7
December 10, 2010	--	199	199
December 15, 2010	--	7	7
December 23, 2010	--	199	199
December 30, 2010	--	7	7
		$ 18,563	$ 18,563

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, 2010

(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
*	AllianceBernstein LargeCap Growth Fund A	Mutual Fund	$ 63,105
*	BlackRock Capital Appreciation Fund A	Mutual Fund	275,066
*	BlackRock High Income Fund	Mutual Fund	278,050
*	BlackRock High Income Fund	Mutual Fund	51
*	BlackRock Total Return Fund B	Mutual Fund	13
*	BlackRock Large Cap Value Fund	Mutual Fund	4,641
*	BlackRock Total Return Fund A	Mutual Fund	154,559
*	BlackRock Basic Value Fund A	Mutual Fund	30,328
*	BlackRock Global Allocation Fund A	Mutual Fund	130,721
*	BlackRock Science & Technology Opp A	Mutual Fund	13,976
*	Davis Real Estate Fund A	Mutual Fund	67,550
*	ING Core Equity Research Fund Class A	Mutual Fund	14,304
*	MFS Massachusetts Investors Trust A	Mutual Fund	45,729
*	Merrill Lynch Retirement Reserves Money Fund	Mutual Fund	146,821
*	Oppenheimer Main Street Small & Mid Cap A	Mutual Fund	112,317
*	Thornburg International Value R4	Mutual Fund	1,405
*	Notes Receivable from Participants	Interest rates ranging from 3.25% - 8.25%	182,593
			$ 1,521,229

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
MDFGX	BlackRock Capital Appreciation Fund A	12 dollars per fund position
MBFGX	BlackRock Capital Appreciation Fund A	N/A
MITBX	MFS Massachusetts Investors Trust B	N/A
APGBX	AllianceBernstein LargeCap Grwth Fund B	N/A
MBLOX	BlackRock Global Allocation Fund B	N/A
MBHQX	BlackRock Total Return Fund B	N/A
MBBAX	BlackRock Basic Value Fund Inc. B	N/A
MBHIX	BlackRock High Income Fund	12 dollars per fund position
RPFEX	Davis Series Growth Oppor. Fd Class B	N/A
OPMBX	Oppenheimer Main St Small & Mid-Cap B	N/A
MBLRX	BlackRock Large Cap Core Fund	N/A
THGCX	Thornburg Int'l Value Fund Class	N/A
MBLVX	BlackRock Large Cap Value Fund	N/A
MLIKX	Retirement Reserves(7dayYield:0.0%)	6 dollars per fund position
AGINX	(CL) ING Core Equity Research Fd Cl B	N/A
OPMSX	Oppenheimer Main St Small & Mid-Cap A	12 dollars per fund position
MITTX	MFS Massachusetts Investors Trust A	12 dollars per fund position
APGAX	AllianceBernstein LargeCap Grwth Fund A	12 dollars per fund position
MDLOX	BlackRock Global Allocation Fund A	12 dollars per fund position
MDHQX	BlackRock Total Return Fund A	12 dollars per fund position
MDBAX	BlackRock Basic Value Fund A	12 dollars per fund position
MDHIX	BlackRock High Income Fund	12 dollars per fund position
RPFRX	Davis Real Estate Fund A	12 dollars per fund position

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
MDLRX	BlackRock Large Cap Core Fund A	12 dollars per fund position
AWPAX	AllianceBernstein Intl Growth Fd A	N/A
THVRX	Thornburg International Value R4	12 dollars per fund position
MDLVX	BlackRock Large Cap Value Fund	12 dollars per fund position
BGSAX	BlackRock Science & Technology Opp A	12 dollars per fund position
AAGIX	ING Core Equity Research Fd Cl A	12 dollars per fund position
BGSBX	BlackRock Science & Technology Opp B	N/A

Attachment to 2010 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:0.0%)	0	141,075
	BlackRock	BlackRock Total Return Fund B	0	13
	BlackRock	BlackRock High Income Fund	0	51
	BlackRock	BlackRock Capital Appreciation Fund A	0	275,066
	MFS	MFS Massachusetts Investors Trust A	0	45,729
	AllianceBernstein	AllianceBernstein LargeCap Grwth Fund A	0	63,105
	BlackRock	BlackRock Global Allocation Fund A	0	130,721

Attachment to 2010 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 Total Return Fund A	0	154,559
	BlackRock	BlackRock Basic Value Fund A	0	30,328
	BlackRock	BlackRock High Income Fund	0	278,050
	Davis	Davis Real Estate Fund A	0	67,550
	BlackRock	BlackRock Large Cap Core Fund A	0	15,950
	Thornburg	Thornburg International Value R4	0	1,405
	BlackRock	BlackRock Large Cap Value Fund	0	4,641

Attachment to 2010 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 Science & Technology Opp A	0	13,976
	ING	ING Core Equity Research Fd Cl A	0	14,304
	Oppenheimer	Oppenheimer Main St Small & Mid-Cap A	0	112,317
	Participants Loan Account	Various Rates and Maturities	0	188,396
	Frontier Trust Company	Contribution Account	0	5,746