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 08/01/2010 and ending 07/31/2011

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PATE TRUCKING'S 401K

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

ATSB, PO BOX 938
DUBUQUE, IA 52004-0938

895 MAIN STREET
DUBUQUE, IA 52004-0938

2b Employer Identification Number (EIN)
75-1366683

2c Sponsor's telephone number
800-548-2995

2d Business code (see instructions)
484200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2013	CLAYTON BEVERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2013	CLAYTON BEVERS
	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")
PATE TRUCKING COMPANY INC

ATSB, PO BOX 938
DUBUQUE, IA 52004-0938

3b Administrator's EIN
75-1366683

3c Administrator's telephone number
800-548-2995

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**	141
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**	121
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	161
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	161
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	148
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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:
2A 2E 2F 2G 2J 2K 2T 3D

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 08/01/2010 and ending 07/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
PATE TRUCKING'S 401K		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
PATE TRUCKING COMPANY INC	75-1366683	

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).. . . . . ☐ 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

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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)

AMERICAN TRUST & SAVINGS BANK

895 MAIN STREET
DUBUQUE, IA 52004-0938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 26 27 28 37 51 64	TRUSTEE	24469	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

BROKERS INTERNATIONAL LTD

1200 E MAIN STREET
PANORA, IA 50216

(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?
26	NONE	6007	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BLAIR GROUP LLC

4413 71ST ST, STE G-100
LUBBOCK, TX 79424

(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?
61	NONE	5704	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 ☐

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
T ROWE PRICE	100 EAST PRATT ST BALTIMORE, MD 21202	55 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 T ROWE PRICE LARGE GROWTH I

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
FIDELITY INVESTMENTS	900 SALEM ST SMITHFIELD, RI 02917	2.5 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 FIDELITY SPARTAN 500 INDEX

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
AMERICAN BEACON FUNDS	PO BOX 219643 KANSAS CITY, MO 64121	22 BPS ON ASSESTS INVESTED IN THE FUND FROM 8/1-7/31 AMERICAN BEACON LG CAP VLU

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
T ROWE PRICE 100 EAST PRATT ST BALTIMORE, MD 21202	64 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 T ROWE PRICE MID CAP GWTH

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
COLUMBIA MANAGEMENT 225 FRANKLIN ST BOSTON, MA 02110	20 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 COLUMBIA MID CAP INDEX Z

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
GOLDMAN SACHS 200 WEST ST NEW YORK, NY 10282	70 BPS ON ASSESTS INVESTED IN THE FUND FROM 8/1-7/31 GOLDMAN SACHS MID CAP VLU IN

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
COLUMBIA MANAGEMENT 225 FRANKLIN ST BOSTON, MA 02110	64 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 COLUMBIA ACORN Z

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
HEARTLAND FUNDS 789 N WATER ST STE 500 MILWAUKEE, WI 53202	75 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 HEARTLAND VLU PLUS INSTL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
FRANKLIN TEMPLETON ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	110 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 TEMPLETON INST FORGN EQ

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
OPPENHEIMER FUNDS PO BOX 5270 DENVER, CO 80217	79 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 OPPENHEIMER DEV MKT Y

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
THE VANGUARD GROUP PO BOX 2600 VALLEY FORGE, PA 19482	24 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 VANGUARD WELLINGTON

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
PIMCO FUNDS 840 NEWPORT CENTER DR NEWPORT BEACH, CA 92660	45 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 PIMCO TOTAL RET INSTL

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
METROPOLITAN WEST 760 MOORE RD KING OF PRUSSIA, PA 19406	25 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 METROPOLITAN WEST HIGH YIELD

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
GOLDMAN SACHS 200 WEST ST NEW YORK, NY 10282	110 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 GOLDMAN SACHS ABSOLUTE RETURN

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
PIMCO FUNDS 840 NEWPORT CENTER DR NEWPORT BEACH, CA 92660	74 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 PIMCO COMMODITY REAL RETURN

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
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
FRANKLIN TEMPLETON ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	75 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 TEMPLETON FORGN SMALL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
COHEN& STEERS, INC. 280 PARK AVE 10TH FLR NEW YORK, NY 10017	100 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 COHEN & STEERS GLOBAL REALTY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN TRUST & SAVINGS BANK	52 63 72	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.
TCW FUND, INC. 865 SOUTH FIGUEROA LOS ANGELES, CA 90017	65 BPS ON ASSETS INVESTED IN THE FUND FROM 8/1-7/31 TCW EMERG MKTS INCOME

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

(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 08/01/2010 and ending 07/31/2011

A Name of plan
PATE TRUCKING'S 401K

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PATE TRUCKING COMPANY INC

D Employer Identification Number (EIN)
75-1366683

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: INTERMEDIATE BOND FUND

b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK

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)
20-1257230-001	C	518852

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP CORE FUND

b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK

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)
42-6319779-001	C	318726

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP CORE FUND

b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK

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)
20-1257182-001	C	87634

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

b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK

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)
42-6455741-001	C	110769

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)

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

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

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 08/01/2010 and ending 07/31/2011

A Name of plan
PATE TRUCKING'S 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PATE TRUCKING COMPANY INC

D Employer Identification Number (EIN)
75-1366683

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	224921	183047
(9) Value of interest in common/collective trusts	1c(9)	521434	1035981
(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)	1105401	1157561
(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	1851756	2376589
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	1851756	2376589

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)	177076	
(B) Participants	2a(1)(B)	341756	
(C) Others (including rollovers)	2a(1)(C)	17767	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		536599
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	10163	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10163
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		68306
(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)		165432
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		780500
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	219486	
(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)		219486
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	36181	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36181
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		255667
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		524833
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: JOHNSON, MILLER & CO, CPAS PC (2) EIN: 85-0214336

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	
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	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 08/01/2010 and ending 07/31/2011

A Name of plan
PATE TRUCKING'S 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PATE TRUCKING COMPANY INC

D Employer Identification Number (EIN)
75-1366683

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): 62-6249544

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):

PATE TRUCKING'S 401(k) PLAN

FINANCIAL STATEMENTS
with
INDEPENDENT AUDITORS' REPORT

YEARS ENDED JULY 31, 2011 AND 2010

JOHNSON, MILLER & CO.
Certified Public Accountants
A Professional Corporation

An Independent Member of BDO Seidman Alliance

PATE TRUCKING'S 401(k) PLAN

FINANCIAL STATEMENTS
with
INDEPENDENT AUDITORS' REPORT

YEARS ENDED JULY 31, 2011 AND 2010

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Certified Public Accountants
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Hobbs, New Mexico
Midland, Texas
Odessa, Texas

INDEPENDENT AUDITORS' REPORT

Pate Trucking Co.
401(k) Plan Trustees
Denver City, Texas

We were engaged to audit the accompanying statements of net assets available for benefits of Pate Trucking's 401(k) Plan (the Plan) as of July 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended July 31, 2011, and related supplemental schedules. 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 information summarized in Note E, which was certified by American Trust & Savings Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that American Trust & Savings Bank and the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended July 31, 2011 and 2010, that the information provided to the plan administrator is complete and accurate.

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 by the custodians, 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.

Johnson, Miller + Co.

Hobbs, New Mexico
January 30, 2013

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PATE TRUCKING'S 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

July 31,

	2011	2010
ASSETS		
Investments at fair value (NOTES D & E)	$ 2,196,476	$ 1,628,457
Notes receivable from participants	183,120	224,997
Total assets at fair value	2,379,596	1,853,454
LIABILITIES		
(None)	-	-
Net assets available for benefits at fair value	2,379,596	1,853,454
Adjustment for benefit-responsive investment contracts	(2,934)	(1,622)
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,376,662	$ 1,851,832

See accompanying independent auditors' report and notes to financial statements

PATE TRUCKING'S 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended July 31,

	2011
Additions	
Additions to net assets attributed to:	
Investment income	
Net appreciation (depreciation) in fair value of investments (see NOTE E)	$ 233,738
Interest income	10,160
	243,898
Contributions:	
Employer contributions	177,076
Employee contributions	341,756
Rollover contributions	17,767
	536,599
Total additions	780,497
Deductions	
Deductions from net assets attributed to:	
Benefits paid directly to participants	219,486
Administrative expense	36,181
Total deductions	255,667
Net increase (decrease)	524,830
Net assets available for benefits:	
Beginning of year	1,851,832
End of year	$ 2,376,662

See accompanying independent auditors' report and notes to financial statements

PATE TRUCKING'S 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

July 31, 2011 and 2010

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting records of the Plan are maintained on the accrual basis.

Investments are stated at fair value as of the last day of the plan year. Fair values of all investments are determined by quoted market prices.

Investments include employee self-directed accounts maintained at American Trust & Savings Bank.

The changes in market value of the Plan's investment in pooled separate accounts are reported in the statement of changes in net assets available for benefits as "net appreciation (depreciation) in fair value of investments".

The Trust Agreement provides that administrative expenses of the Trust shall be paid from forfeitures available under the Plan with remaining expenses being paid by the Employer. If forfeitures exceed administrative expenses, excess forfeitures are reallocated to remaining plan participants on the basis of eligible compensation in relation to the eligible compensation of all plan participants. Record keeping charges for inactive member accounts and loan accounts shall be deducted from those member's accounts. Certain administrative expenses are paid by the employer. Forfeitures totaled $11,049 for the year ended July 31, 2011 and $29,016 for the year ended July 31, 2010. Forfeitures used to pay administrative expenses totaled $12,849 for the year ended July 31, 2011 and $0 for the year ended July 31, 2010.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

As of July 31, 2011 and 2010 the Plan was not covered by a fidelity bond.

NOTE B - PLAN DESCRIPTION

The Plan is a defined contribution employee pension plan covering all employees of the Company who have completed three months of continuous service, attained the minimum age of 21, and are actively employed. The Plan was originally adopted January 1, 1997 and was restated effective May 1, 2010. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan allows for employees to contribute a percentage of their compensation into the Plan, subject to regulatory deferral limits. Yearly, the Employer will contribute into each employee's account an amount equal to the amount contributed by the employee, limited to 3% of the employee's compensation, and may be made without regard to current or accumulated net profits.

In addition to the above, the Employer may also make additional nonelective discretionary contributions to the Plan. Such discretionary contributions will be allocated to the accounts of eligible participants based on the ratio of their annual compensation to the total annual compensation of all eligible participants.

Upon enrollment in the Plan, a participant may elect to direct employee contributions and the company matching contributions into a managed portfolio or select from among several mutual funds.

The following are the managed portfolios offered by the Plan:

Aggressive Growth Portfolio
Moderate Growth Portfolio
Conservative Portfolio
Growth Portfolio
Conservative Growth Portfolio

The following are the mutual funds offered by the Plan:

Oppenheimer Developing Markets Y
T. Rowe Price Large Growth Instl
Templeton Instl Foreign Equity
Fidelity Spartan 500 Index Inv
Vanguard Wellington
American Trust Stable Value
Columbia Acorn Z
Columbia Mid Cap Index Z
Heartland Value Plus Instl
American Trust Large Cap Core
PIMCO Total Return Instl
Metropolitan West High Yld Bond I
T. Rowe Price Mid Cap Growth
American Trust Mid Cap Core
Goldman Sachs Mid Cap Value Instl
American Beacon Large Value Instl
American Trust Intermediate Bond

NOTE B - PLAN DESCRIPTION (continued)

Employees are 100% vested in their contributions to the Plan at all times, and are vested in the Employer's matching and nonelective contributions in the following manner:

Years of Service	Vested Percentage
less than 3	0%
3	100%

Vested participants may borrow from their accounts a minimum amount of $1,000 up to a maximum of 50% of their vested account balances. The interest rate is determined at the time of loan origination and is set at the prime rate as published in the Wall Street Journal. The loans are repaid through payroll deductions, generally over a term no longer than five years. Participants are only allowed two loans per year, and are not allowed to have more than one loan outstanding at a time. If a Participant defaults on the repayment terms of their loan and amounts remain unpaid for more than 90 days, the loan becomes immediately due and payable.

Defaulted loan balances are deemed distributed and become taxable to the Participant when the Participant's vested account balance is distributed. As of July 31, 2011 and 2010, the amount of defaulted loan balances associated with vested account balances was $0.

Upon separation from service with the Company, participants in the Plan are entitled to withdraw their vested account balances. As of July 31, 2011 and 2010, the total amount in vested account balances allocated to participants who had terminated employment with the Company was $256,928 and $100,033, respectively.

NOTE C - INCOME TAX STATUS

The Plan complies with the requirements of the Internal Revenue Code for exemption from federal income tax and has received a favorable determination letter of tax-exempt status dated March 31, 2008 from the Internal Revenue Service. The Plan has since been amended; however, the Employer and Plan administrator believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been recorded.

NOTE D - INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets.

	July 31, 2011	July 31, 2010
Investments at Fair Value as Determined by Quoted Market Price		
Pimco Total Return Fund	$ 231,642	$ 125,610
T Rowe Large Cap Growth Fund	177,363	99,554
Templeton Foreign Equity Fund	213,963	119,954
Vanguard Wellington	150,060	541,883
American Trust Intermediate Bond	518,852	208,400
American Trust Large Cap Core	318,726	178,127

NOTE E - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	July 31, 2011	July 31, 2010
Mutual funds		
American Beacon Large Cap Value Fund	$ 117,712	$ 67,159
Columbia Acorn Z Fund	57,652	33,237
Columbia Mid Cap Value Fund	52,669	30,745
Fidelity Spartan 500 Index	1,513	-
Goldman Sachs High Yield	2,273	-
Heartland Value Plus Institutional	58,536	-
Invesco US Small Cap Value Fund	-	33,108
Oppenheimer Developing Markets Fund	42,322	23,671
Pimco Total Return Fund	231,642	125,610
T Rowe Large Cap Growth Fund	177,363	99,554
T Rowe Price Mid Cap Growth Fund	51,856	30,272
Templeton Foreign Equity Fund	213,963	119,954
Vanguard Index 500	-	208
Vanguard Wellington	150,060	541,883
Units of common/collective trusts		
American Trust Intermediate Bond	518,852	208,400
American Trust Large Cap Core	318,726	178,127
American Trust Mid Cap Core	87,634	46,606
American Trust Stable Value	113,703	89,923
	$2,196,476	$1,628,457

See accompanying independent auditors' report

NOTE E - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN (continued)

	Year ended July 31, 2011	2010
Net investment gain (loss) from common/collective trusts	$ 68,306	$ (2,265)
Net investment gain from pooled separate accounts	-	108,446
Net investment gain from mutual funds	165,432	10,430
Net appreciation in fair value of investments	$ 233,738	$ 116,611
Adjustment from fair value to contract value for benefit-responsive investment contracts	$ (2,934)	$ (1,622)
Interest income	10,163	23,620

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information included in the financial statements and supplemental schedules.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has 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 will become 100 percent vested in their accounts.

NOTE G – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Principal Financial Group, Inc. Principal Financial Group, Inc. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $36,181 and $8,608 for the years ended July 31, 2011 and 2010, respectively.

NOTE H – RISKS 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 uncertain 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 balances and the amounts reported in the statement of net assets available for benefits.

NOTE I – FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quote prices for identical assets or liabilities in active markets that the Plan has the ability to access. The Plan's Level 1 assets include mutual funds.

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 are 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. The Plan's Level 2 assets include investments in common/collective trusts.

NOTE I – FAIR VALUE MEASUREMENTS (continued)

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Plan's does not have any Level 3 assets.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There are no differences in methodologies used as of July 31, 2011 and 2010.

Mutual Funds: These investments are reported at fair value, which is equal to each funds closing net asset value at the end of the trading day. This is the amount plan participants or plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan. The closing net asset values are readily available and based on active markets.

Common/Collective Trusts: These are units of American Trust-managed funds that are reported at fair value except for American Trust Stable Value Fund, which is reported at contract value. All American Trust funds are valued using readily available prices on the underlying securities held in the funds. The sum of the underlying securities' market value is divided by the number of units outstanding to arrive at a unit value.

Guaranteed Interest Accounts: These investments are reported at fair value, which is the amount plan participants or plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity (some investments allow withdrawals without penalty for death, disability, termination or retirement).

Pooled Separate Accounts: These pooled accounts invest in domestic and international stocks, bonds and mutual funds. Many of the securities have observable level 1 or 2 pricing inputs, including quoted prices for similar assets in active or non-active markets. Some of the underlying asset information is determined using pricing services or using publicly quoted pricing input, although the net asset values of the pooled separate accounts are not publicly quoted. Level 3 separate accounts invest mainly in commercial real estate and mortgage loans which are backed by the associated properties. These underlying real estate investments have unobservable level 3 pricing inputs.

NOTE I – FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 July 31, 2011 and 2010.

Assets at Fair Value as of July 31, 2011

Investment Category	Assets Measured at Fair Value	Fair Value Hierarchy Level		
		Level 1	Level 2	Level 3
Mutual Funds	$ 1,157,561	$ 1,157,561	$ -	$ -
Common/Collective Trusts	1,038,915	-	1,038,915	-
	$ 2,196,476	$ 1,157,561	$ 1,038,915	$ -

Assets at Fair Value as of July 31, 2010

Investment Category	Assets Measured at Fair Value	Fair Value Hierarchy Level		
		Level 1	Level 2	Level 3
Mutual Funds	$ 1,105,401	$ 1,105,401	$ -	$ -
Common/Collective Trusts	523,056	-	523,056	-
	$ 1,628,457	$ 1,105,401	$ 523,056	$ -

NOTE I – FAIR VALUE MEASUREMENTS (continued)

Input Levels by Investment Category

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

July 31, 2011	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective Trusts				
Fixed Income	$ 518,852	$ -	$ 518,852	$ -
U.S. Equity	318,726	-	318,726	-
Other	201,337	-	201,337	-
Mutual Funds				
U.S. Equity	611,982	611,982	-	-
International Equity	256,285	256,285	-	-
Other	289,294	289,294	-	-
Total	$ 2,196,476	$ 1,157,561	$ 1,038,915	$ -

July 31, 2010	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective Trusts				
Fixed Income	$ 208,400	$ -	$ 208,400	$ -
U.S. Equity	178,127	-	178,127	-
Other	136,529	-	136,529	-
Mutual Funds				
U.S. Equity	802,929	802,929	-	-
International Equity	143,625	143,625	-	-
Other	158,847	158,847	-	-
Total	$ 1,628,457	$ 1,105,401	$ 523,056	$ -

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

July 31,	*2011*	*2010*
Net assets available for benefits per the financial statements	$ 2,376,662	$ 1,851,832
Accrued interest on notes receivable from participants	(73)	(76)
Net assets available for benefits per the Form 5500	$ 2,376,589	$ 1,851,756

The following is a reconciliation of increase in net assets per the financial statements to net income on the Form 5500:

Year Ended July 31,	*2011*
Increase in net assets per the financial statements	$ 524,830
Change in accrued interest on notes receivable from participants	3
Increase in net assets available for benefits per the Form 5500	$ 524,833

NOTE K – DELINQUENT FILING OF FORM 5500

The Plan did not file Form 5500 timely for the plan years ending July 31, 2004 through 2011. The Plan has made arrangements to submit the delinquent filings under the Department of Labor's Voluntary Compliance Program and taken steps to ensure that all future filings are made on a timely basis.

NOTE L – MANAGEMENT'S REVIEW OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 30, 2013, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Schedule H, line 4i--Schedule of Assets (Held At End of Year)

Pate Trucking's 401(k) Plan
EIN: 75-1366683
Plan 001
Plan year: 7/31/2011
Form 5500, Schedule H - Financial Information - Line 4i

(a.)	(b.) Identity of issue	(c.) Description of investment	(d.) Cost	(e.) Current value
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Intermed Bond	(1.)	518,852
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Large Cap Core	(1.)	318,726
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Mid Cap Core	(1.)	87,634
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Stable Value	(1.)	110,769
	American Beacon Funds	Mutual fund - American Beacon Large Cap Value	(1.)	117,712
	Columbia Mgmnt Invest Advisors	Mutual fund - Columbia Acorn Z Fund	(1.)	57,652
	Columbia Mgmnt Invest Advisors	Mutual fund - Columbia Mid Cap Value Fund	(1.)	52,669
	Fidelity Investments	Mutual fund - Fidelity Spartan 500 Index Fund	(1.)	1,513
	Goldman Sachs	Mutual fund - Goldman Sachs High Yield Fund	(1.)	2,273
	Heartland Funds	Mutual fund - Heartland Value Plus Institutional Fund	(1.)	58,536
	OppenheimerFunds Distributor Inc	Mutual fund - Oppenheimer Developing Markets Fund	(1.)	42,322
	Pimco Investments LLC	Mutual fund - Pimco Total Return Fund	(1.)	231,642
	T. Rowe Price Investment Services	Mutual fund - T Rowe Large Cap Growth Fund	(1.)	177,363
	T. Rowe Price Investment Services	Mutual fund - T Row Price Mid Cap Growth Fund	(1.)	51,856
	Franklin Templeton Investments	Mutual fund - Templeton Foreign Equity Fund	(1.)	213,963
	Vanguard Group, Inc.	Mutual fund - Vanguard Wellington	(1.)	150,060
	Participant loans	Range of interest rates: 3.25% to 8.50%		183,047

(1.) - Per Form 5500, Schedule H instructions, cost may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account.

Schedule H, line 4i--Schedule of Assets (Held At End of Year)

Pate Trucking's 401(k) Plan
EIN: 75-1366683
Plan 001
Plan year: 7/31/2011
Form 5500, Schedule H - Financial Information - Line 4i

(a.)	(b.) Identity of issue	(c.) Description of investment	(d.) Cost	(e.) Current value
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Intermed Bond	(1.)	518,852
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Large Cap Core	(1.)	318,726
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Mid Cap Core	(1.)	87,634
*	American Trust & Savings Bank	Comm/collect. trust - American Trust Stable Value	(1.)	110,769
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	Franklin Templeton Investments	Mutual fund - Templeton Foreign Equity Fund	(1.)	213,963
	Vanguard Group, Inc.	Mutual fund - Vanguard Wellington	(1.)	150,060
	Participant loans	Range of interest rates: 3.25% to 8.50%		183,047

(1.) - Per Form 5500, Schedule H instructions, cost may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account.