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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

COMMODITY TRUCK AQUISITION, LLC

14032 SANTA ANA AVENUE
FONTANA, CA 92337

2b Employer Identification Number (EIN) 45-2757428

2c Sponsor's telephone number 909-355-5531

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.	07/18/2013	RENE BUNSE
	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")
COMMODITY TRUCK AQUISITION, LLC

14032 SANTA ANA AVENUE
FONTANA, CA 92337

3b Administrator's EIN
45-2757428

3c Administrator's telephone number
909-355-5531

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
DISPATCH TRANSPORTATION, LLC EMPLOYEE BENEFIT PLAN

4b EIN
45-2757428

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	279
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**	179
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	183
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	183
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	113
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2J 2K 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMODITY TRUCK AQUISITION, LLC

D Employer Identification Number (EIN)
45-2757428

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	69054	120	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4096	10100

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
QA3 FINANCIAL CORP

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
4096	0	BROKER FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KB ACTUARIAL, INC.
P.O. BOX 9626
REDLANDS, CA 92375

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0	10100	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	7208
5	Current value of plan's interest under this contract in separate accounts at year end	5	1323755

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	5684
c	Additions: (1) Contributions deposited during the year	7c(1)	1200		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	149		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	251		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	1600
d	Total of balance and additions (add **b** and **c(6)**)			7d	7284
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	76		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	76
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	7208

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMODITY TRUCK AQUISITION, LLC

D Employer Identification Number (EIN)
45-2757428

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

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)

KB ACTUARIAL, INC.

515 NEW JERSEY STREET
SUITE F
REDLANDS, CA 92373

27-1837997

(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?
13	THIRD PARTY ADMINISTRATO	10100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANCOCK

01-0233346

(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 28 59 60 62 63	RECORDKEEPER	544	Yes [X] No [ ]	Yes [X] No [ ]	3942	Yes [ ] No [X]

(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 [ ]

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMODITY TRUCK AQUISITION, LLC

D Employer Identification Number (EIN)
45-2757428

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: FUNDAMENTAL ALL ACP CORE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 39265

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 18078

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 6151

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 20670

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 43297

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YOUR VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 4449

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 12351

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2365

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23346

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18203

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74300

a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4466

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8989

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21798

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10649

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9534

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9534

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60770
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323578
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172929
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29424
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14903
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6151
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859
a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15119
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE TECH & SCIENCE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31959
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30495

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8915
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1387
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	607
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12920
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16099
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	482
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2008
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	150
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	172409
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101794

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL- MID GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	1900

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMODITY TRUCK AQUISITION, LLC

D Employer Identification Number (EIN)
45-2757428

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	31023	28305
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	179417	173108
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	86852	112924
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1881172	1323755
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5684	7208
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2184148	1645300
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2184148	1645300

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)	0	
(B) Participants	2a(1)(B)	129113	
(C) Others (including rollovers)	2a(1)(C)	12646	
(2) Noncash contributions	2a(2)	-5768	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		135991
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3893	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4042
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-23687
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		6338
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		122684
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	633421	
(2) To insurance carriers for the provision of benefits	2e(2)	6879	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		640300
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		2550
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3500	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	15182	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18682
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		661532
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-538848
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MELLON, JOHNSON, AND REARDON (2) EIN: 95-1839679

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		1200000
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
COMMODITY TRUCK AQUISITION, LLC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMODITY TRUCK AQUISITION, LLC

D Employer Identification Number (EIN)
45-2757428

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): 01-0233346

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
December 31, 2011 and 2010

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Commodity Truck Acquisition, LLC Employee Benefit Plan
Fontana, California

We were engaged to audit the accompanying statements of net assets available for benefits of the Commodity Truck Acquisition, LLC Employee Benefit Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of Schedule H, line 4i-Schedule of Assets (Held At End of Year) as of or for the year ended December 31, 2011. These financial statements and supplemental schedule 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 Disclosures 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 4, which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that John Hancock Life Insurance Company (U.S.A.) holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mellon Johnson Reardon, LLP

Ontario, California
October 15, 2012

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COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Cash	$ 28,305	$ 31,023
Investments (at fair value)	1,504,071	2,066,273
Receivables:		
Employee contributions receivable	6,148	-
Notes receivable from participants	112,924	86,852
	119,072	86,852
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,651,448	$ 2,184,148

The accompanying notes are an integral part of these statements.

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2011

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 149
Net depreciation in fair value of investments	(17,349)
	(17,200)
Interest income from participant loans	3,893
Contributions:	
Participants	135,261
Rollovers	12,646
Other	(5,768)
	142,139
Total Additions	128,832
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	633,421
Deemed distributions	2,550
Other distributions	6,879
Administrative expenses	18,682
Total Deductions	661,532
NET DECREASE	(532,700)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,184,148
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 1,651,448

The accompanying notes are an integral part of these statements.

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 - PLAN DESCRIPTION

The following description of the Commodity Truck Acquisition, LLC ("Company") Employee Benefit Plan (the "Plan") general information. Participants should refer to the Plan agreement for a complete description of the Plan's provides only provisions.

General
The Plan is a defined contribution plan administered by KB Actuarial, Inc. ("Administrator"). An employee becomes eligible for the plan when he or she has completed three months of service and has attained the age eighteen years or older. An employee may enroll in the plan quarterly on the first day of the month coinciding with or next following the date eligibility was satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions
Each year, participants may contribute pre-tax annual compensation, as defined in the Plan. Total contributions per participants may not exceed $16,500 for the year ended December 31, 2011. Participants who are a least 50 years of age were allowed an additional "catch-up contribution" up to $5,500 for the year ended December 31, 2011 Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") acts as transfer agent. The company may provide a matching contribution equal to a percentage of salary deferrals, determined each payroll period by the employer. There were no matching contributions made for December 31, 2011. Contributions are subject to certain limitations.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if elected) and (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on eligible 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.

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 20% vested after two years and continues to vest 20% per year thereafter, and is 100% vested after six years of service.

Participant Loans
Participants may borrow from their fund accounts the lesser of 50% of their account balance or $50,000. Minimum amount is $1,000 and a participant may have no more than one loan outstanding at any one time. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. However, the vested account balance will be automatically distributed as a lump sum distribution if less than $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Forfeitures
At December 31, 2011 and 2010, cash accounts represented forfeited non-vested accounts totaling $28,305 and $31,023, respectively. Forfeitures of the unvested balance of the Company's contribution by terminated participants are first used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review
Subsequent events were evaluated through October 15, 2012, which is the date the financial statements were available to be issued.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting
The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts. No adjustment of the fully benefit-responsive investment contracts from fair value to contract value was necessary as of December 31, 2011 and 2010. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

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

Investment Valuation and Income Recognition
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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits
Benefits are recorded when paid.

Operating Expenses
All expenses of maintaining the Plan are paid by the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No.2010-06, Fair Value Measurements and Disclosures (Topic 820) — Improving Disclosures about Fair Value Measurements (ASU 2010-6), which requires entities to make disclosures about recurring and nonrecurring fair value measurements. In accordance with ASU 2010-6, the reporting entity should disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers. ASU 2010-6 also requires an entity to present separately information about purchases, sales, issuances, and settlements in the reconciliation of fair value measurements using significant unobservable inputs (Level 3). The disclosures in ASU 2010-6 are effective for interim and annual reporting periods beginning after December 15, 2009, and were adopted in 2010, except for purchases, sales, issuances, and settlements in the roll forward activity in Level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2010 and for interim periods within those fiscal years and were adopted in 2011.

In May 2011, the FASB issued ASU 2011-04, Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS . This ASU requires entities, for Level 3 fair value measurements, to disclose quantitative information about unobservable inputs, a description of the valuation processes, and a qualitative discussion about the sensitivities of the measurements. The guidance is effective for interim and annual periods beginning after December 15, 2011. The adoption of the new accounting guidance is not expected to have any effect on the changes in net assets or the financial position of the Plan.

NOTE 3 - FAIR VALUE MEASURES

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 are valued using inputs other than quoted prices and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

NOTE 3 - FAIR VALUE MEASURES (CONTINUED)

Level 3 Fair Value Measurements (Continued)

For those assets with fair value measured using Level 3 inputs, the Plan Administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2011			
Mutual funds	$ 1,323,755	$ 1,323,755	$ -
Investment contract with insurance company	7,208	-	7,208
Limited partnership interest	173,108	-	173,108
Total	$ 1,504,071	$ 1,323,755	$ 180,316
December 31, 2010			
Mutual funds	$ 1,881,172	$ 1,881,172	$ -
Investment contract with insurance company	5,684	-	5,684
Limited partnership interest	179,417	-	179,417
Total	$ 2,066,273	$ 1,881,172	$ 185,101

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed investment contract with insurance company for the years ending December 31, 2011 and 2010:

	Investment Contract	Partnership Interest	Total
December 31, 2011			
Beginning balance	$ 5,684	$ 179,417	$ 185,101
Total gains or losses included in changes in net assets available for benefits	-	6,338	6,338
Purchases, sales, issuances, and settlements (net)	1,524	(12,647)	(11,123)
Ending Balance	$ 7,208	$ 173,108	$ 180,316

NOTE 3 - FAIR VALUE MEASURES (CONTINUED)

The amount of total gains or losses for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains or losses relating to assets held at the end of the reporting period.	$ -

	Investment Contract	Partnership Interest	Total
December 31, 2010			
Beginning balance	$ 4,226	$ 172,593	$ 176,819
Total gains or losses included in changes in net assets available for benefits	-	6,824	6,824
Purchases, sales, issuances, and settlements (net)	1,458	-	1,458
Ending Balance	$ 5,684	$ 179,417	$ 185,101

The amount of total gains or losses for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains or losses relating to assets held at the end of the reporting period.	$ 6,824

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2011, are reported in net depreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 4 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2011, there were no significant transfers into or out of Level 3.

NOTE 4 - INVESTMENTS

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

	December 31, 2011	December 31, 2010
Lifestyle Balance Funds , 770 and 692 shares, respectively	$ 172,929	$ 158,805
Lifestyle Growth Funds, 1054 and 1583 shares, respectively	323,578	511,468
Money Market Funds, 7,827 and 8,391 shares, respectively	101,794	109,463
Pimco Total Return Funds, 7,618 and 6,989 shares, respectively	172,409	152,611
Diversified Pacific Opportunity Fund I, LLC	173,108	179,417

NOTE 4 - INVESTMENTS (CONTINUED)

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $17,349 represented by mutual funds.

Mutual funds	$ (23,687)
Limited partnership interest	6,338
	$ (17,349)

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a benefit-responsive investment contract with John Hancock Life Insurance Company (U.S.A.) (John Hancock). John Hancock maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by John Hancock, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was $7,208 and $5,684, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with John Hancock. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2011	2010
Average yields:		
Based on actual earnings	3.00%	3.85%
Based on interest rate credit to participants	3.00%	3.85%

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of variable and fixed annuities managed by John Hancock Life Insurance Company (U.S.A.) (John Hancock). John Hancock is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to $18,682 for the year ended December 31, 2011.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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% vested in their employer contributions, if applicable.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010, to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$ 1,651,448	$ 2,184,148
Adjustment for employee contributions receivable	(6,148)	-
Net Assets Available for Benefits Per the Form 5500	$ 1,645,300	$ 2,184,148

The following is a reconciliation of employee contributions received per the financial statements for the year ended December 31, 2011, to Form 5500:

Employee contributions received per the financial statements	$ 135,261
Adjustment for current year employee contributions receivable	(6,148)
Employee Contributions Received Per Form 5500	$ 129,113

NOTE 9 - TAX STATUS

The Plan adopted the Volume Submitter Profit Sharing Plan with CODA, which obtained its latest opinion letter on March 31, 2008. In this letter, the Internal Revenue Service states that the Plan is acceptable under Section 401 of the Code for use by the employers for the benefit of their employees. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTE 10 - 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 certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

SCHEDULE H, line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN 45-2757428
Plan Number 001

(A)	(B) Identity of Issue or Borrower	(C) Description	(D) Cost	(E) Current Value
	Guaranteed Interest Accounts			
*	John Hancock Life Insurance Company (U.S.A.)	Investment contract with insurance company	$ -	$ 7,208
	Cash			
*	John Hancock Life Insurance Company (U.S.A.)	Cash	-	28,305
	Mutual Funds			
*	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Conservative funds	-	14,903
*	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Moderate funds	-	29,424
*	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Balance Funds	-	172,929
*	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Growth Funds	-	323,578
*	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Aggressive Funds	-	60,770
*	John Hancock Life Insurance Company (U.S.A.)	Money market funds	-	101,794
*	John Hancock Life Insurance Company (U.S.A.)	Pimco Total Return Funds	-	172,409
*	John Hancock Life Insurance Company (U.S.A.)	Total Return Fund	-	150
*	John Hancock Life Insurance Company (U.S.A.)	Strategic Income Opportunity Fund	-	2,008
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Science and Technology Funds	-	482
*	John Hancock Life Insurance Company (U.S.A.)	Pimco Global Bond Funds	-	16,099
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Global Discovery	-	12,920
*	John Hancock Life Insurance Company (U.S.A.)	American Balanced Fund	-	607
*	John Hancock Life Insurance Company (U.S.A.)	Washington Mutual Investors	-	1,387
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Beacon	-	8,915
*	John Hancock Life Insurance Company (U.S.A.)	Index 500 Funds	-	30,495
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity	-	12,351
*	John Hancock Life Insurance Company (U.S.A.)	Davis New York Venture	-	4,449
*	John Hancock Life Insurance Company (U.S.A.)	MFS Utilities Funds	-	43,297
*	John Hancock Life Insurance Company (U.S.A.)	Domini Social Equity	-	20,670
*	John Hancock Life Insurance Company (U.S.A.)	Templeton World	-	6,151
*	John Hancock Life Insurance Company (U.S.A.)	Capital Appreciation Fund	-	18,078
*	John Hancock Life Insurance Company (U.S.A.)	Optimized All Cap Fund	-	39,265
*	John Hancock Life Insurance Company (U.S.A.)	Global Fund	-	985
*	John Hancock Life Insurance Company (U.S.A.)	Franklin Balance Sheet	-	9,534
*	John Hancock Life Insurance Company (U.S.A.)	Blue Chip Growth Fund	-	10,649
*	John Hancock Life Insurance Company (U.S.A.)	Legg Partners Aggressive Growth	-	21,799
*	John Hancock Life Insurance Company (U.S.A.)	Franklin Small-Mid Growth	-	1,900
*	John Hancock Life Insurance Company (U.S.A.)	EuroPacific Growth Fund	-	8,989
*	John Hancock Life Insurance Company (U.S.A.)	AIM Small Cap Growth	-	4,466
*	John Hancock Life Insurance Company (U.S.A.)	American Century Heritage	-	74,300
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Sci & Tech	-	31,959
*	John Hancock Life Insurance Company (U.S.A.)	Columbia Value & Restructuring	-	18,203
*	John Hancock Life Insurance Company (U.S.A.)	Energy	-	23,346
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Developing Market Funds	-	2,365
*	John Hancock Life Insurance Company (U.S.A.)	Emerging Market Fund	-	859
*	John Hancock Life Insurance Company (U.S.A.)	Natural Resources Fund	-	15,119

COMMODITY TRUCK ACQUISITION, LLC
EMPLOYEE BENEFIT PLAN

SCHEDULE H, line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN 20-8898843
Plan Number 001

(A)	(B) Identity of Issue or Borrower	(C) Description	(D) Cost	(E) Current Value
	Mutual Funds (Continued)			
*	John Hancock Life Insurance Company (U.S.A.)	Real Estate Securities Fund	$ -	$ 6,151
	Limited Partnership			
	Diversified Pacific Opportunity Fund I, LLC	Limited Partnership Interest	-	173,108
	Participant Loans			
*	Participant Loans	Rates Range from 3.25% to 8.25%	-	112,924
			$ -	$ 1,645,300

* Party in Interest

Retirement Plan Services, ET9
P.O. Box 600
Buffalo NY 14201-0600

DECEMBER 30, 2011

Plan Administrator
THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
14032 SANTA ANA AVE

FONTANA CA 92337

Dear Plan Administrator:

INFORMATION AND SUGGESTIONS FOR COMPLETING SCHEDULE A OF YOUR ANNUAL FORM 5500 REPORT FILING

We are pleased to supply you with information you will need to complete Form 5500 Series Schedule A - Insurance Information, which is generally required when any plan benefits or investments are provided by an insurance company. Some plans may be exempt from completing in full or filing Schedule A information. If applicable, the Schedule A information Form must be filed with the Employee Benefits Security Administration (EBSA) within 7 months following the end of the plan year. To determine if this applies to your plan, please refer to the IRS Instructions for Form 5500, which can be accessed at www/dol.gov/ebsa. As in all technical matters, we recommend that you seek professional assistance in your Annual Report filing.

The attached statement reflects the status of your group annuity contract with us at the end of the reporting year. If the activity reflected on this statement is for a period other than your plan year, the attached information must be retained and reflected on the Schedule A Form filed for the plan year in which the contract reporting year ended. No attempt should be made to balance these figures on Form 5500 or 5500-EZ.

John Hancock Life Insurance Company (U.S.A.)("John Hancock") has established a program called the Forum. The program participants are select third party administration firms (TPAs). If a TPA is a Forum member, they may be eligible for payments from John Hancock which are designed to compensate the TPA for consulting with John Hancock and/or assist the TPA in the design, set-up and administration of John Hancock contracts. The amount reflected in the "Insurance Fee and Commission Information" section under TPA Compensation is the pro-rated portion of these Forum payments. These payments do not result in any additional charges or fees with respect to the assets invested under the John Hancock contract.

Amounts paid and the name of agents, brokers or other entities to whom commissions or fees were paid in connection with the John Hancock contract are reported on separate lines in the "Insurance Fee and Commission Information" section. In addition, if applicable, fees paid to underlying fund companies for early redemption of shares are totaled and accompanied by an Appendix listing the amount of redemption fees paid to each fund company. Fund company address information is available at www.jhpensions.com/er on the Investment Options Page under the "Important Information about underlying mutual funds" link.

For contractholders utilizing John Hancock's loan recordkeeping services, the plan's amortization schedule may not agree exactly with loan information reported in John Hancock reports. In the event that there is a discrepancy between loan account information reflected on John Hancock reports and the plan's amortization schedule, assuming all loan payments have been made in compliance with the amortization schedule, the amortization schedule will take precedence.

Under Statement of Position No. 94-4-1, issued by the American Institute of Certified Public Accountants, investment contracts that are not "fully benefit responsive" are to be reported at "fair value" and not "contract value". The John Hancock group annuity contract is not "fully benefit responsive" for contractholders investing in guaranteed interest accounts. For 2009 contract reporting years and thereafter, year-end values for guaranteed interest accounts are reported at both contract and fair market value. For reporting periods before that, only contract value is provided, but a Fair Market Value Report for guaranteed interest accounts can be requested from your Client Account Representative.

Regarding the John Hancock Stable Value Fund:
For contractholders who are eligible for and investing in the above fund, additonal filing information for Schedule H filers is included in our Frequently Asked Questions booklet of our annual Audit Package, available from your Client Account Representative or posted under Your Resources-Fiduciary Resources at www.jhpensions.com/er.

To facilitate cash-basis annual report filing, this report summarizes all transactions processed as at the contract year-end and includes a cash account balance, if applicable. Please note that it may include contributions credited in the contract reporting year but attributable to a different year. The John Hancock Plan Administrator Report for the same reporting period provides a transaction summary of all contribution amounts applicable for the contract year regardless of the date processed, and may be consulted if the plan's Form 5500 is prepared on an accounting basis other than cash (for example, accrual). Please see the Frequently Asked Questions booklet of our annual Audit Package for more information.

This report has been produced from records maintained by John Hancock, based on information provided by or on behalf of the plan sponsor. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax to (866)377-9577.

This Schedule A Information is reported on Cash basis.

John Hancock

INFORMATION TO COMPLETE FORM 5500 SCHEDULE A

FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN

This report reflects the status of your plan's group annuity contract at the end of the contract reporting year and summarizes the financial activity in the contract during that period.

Please note: The information below is prepared on a cash basis and includes all contributions credited in the contract reporting year, even if attributable to a different year. If your Form 5500 is prepared on an accounting basis other than cash, you may need to refer to other documents or John Hancock reports in completing your annual filing for plan assets held under this contract.

A. Name of Insurance Carrier: John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA")
John Hancock USA's EIN: 01-0233346 NAIC CODE: 65838

B. Number of participants covered under the contract on DEC/31/2011: 120

C. Reporting year: JAN/01/2011 to DEC/31/2011

D. Insurance Fee and Commission Information:

	Name of agents, brokers or other persons to whom commissions or fees were paid:		Amount of Commissions or Fees Paid:
Broker Commission	QA3 FINANCIAL CORP.		$4095.58
TPA Fees Paid	KB ACTUARIAL, INC.	P.O. BOX 9626	$10100.00
TPA JH IRA R/O PAYMENT	KB ACTUARIAL, INC.		$15.00

E. Contract Assets at the end of the previous contract year:

		Contract Value	Fair Market Value
(i)	In Guaranteed Interest Accounts	$5683.69	$5782.20
(ii)	In sub-accounts	$1881171.73	$1881171.73
(iii)	In loan security accounts	$86851.56	$86851.56
(iv)	In Cash Account	$31073.48	$31073.48
	Total	$2004780.46	$2004878.97

F. Type of Unallocated Contract: Group Annuity

ADDITIONS TO GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS)

G. Contributions credited for the reporting year: $1200.00

H. Interest credited to Guaranteed Interest Accounts during the reporting year: $149.58

I. Amounts transferred from sub-accounts to Guaranteed Interest Accounts: $0.00

J. Other additions to Guaranteed Interest Accounts:

(i) Amount of positive market value adjustment $0.00

(ii) Loan Repayments $251.29

K. Total additions (sum of Items G through J): $1600.87

DEDUCTIONS FROM GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS):

L. Disbursed from Guaranteed Interest Accounts for:

(i)	Plan Withdrawals	$0.00	
(ii)	Participant Loans	$0.00	
(iii)	Cash account as unvested money	$0.00	
(iv)	A new John Hancock USA contract	$0.00	

	Total		$0.00

M. Fees deducted from Guaranteed Interest Accounts for:

(i)	Contract administration fees	$76.42	
(ii)	Third Party Administrator fees	$0.00	
(iii)	RIA investment advisory fees	$0.00	
(iv)	Loan Adjustments	$0.00	

	Total		$76.42

N. Amounts transferred or deposited to sub-accounts: $0.00

O. Amount of negative market value adjustment to Guaranteed Interest Account(s): $0.00

P. Total deductions from Guaranteed Interest Accounts (sum of Items L through O): $76.42

Q. Contract Assets at the end of the current reporting year:

		Contract Value	Fair Market Value
(i)	In Guaranteed Interest Accounts	$7208.14	$7212.51
(ii)	In sub-accounts	$1323755.27	$1323755.27
(iii)	In Loan Security Accounts	$112923.66	$112923.66
(iv)	In Cash Account	$28304.75	$28304.75
		---	---
	Total	$1472191.82	$1472196.19

This report has been produced from records maintained by John Hancock. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax no. (866)377-9577. Thank you

John Hancock

Cash **Production Date(R): DEC/30/2011**

John Hancock

Retirement Plan Services, ET9
P.O. Box 600
Buffalo NY 14201-0600

DECEMBER 30, 2011

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

(i) the total of all assets and liabilities of each sub-account into which you have deposited money (second column on the attached report), and

(ii) the value of your contract's units in the sub-accounts (fourth column on the attached report).

The attached statement shows the appropriate sub-account values as of December 31, 2011 (our most recent fiscal year). This statement must be used to complete your plan's 2011 Form 5500 series filing.

If you have any questions, please call your Client Account Representative at 1-800-333-0963 or forward your questions via Fax no. (866)377-9577.



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Retirement Living at 2050	$ 16654994.12	.000000	$ 0.00
Retirement Living at 2045	$ 434973790.17	.000000	$ 0.00
Retirement Living at 2040	$ 421549936.54	.000000	$ 0.00
Retirement Living at 2035	$ 552113821.63	.000000	$ 0.00
Retirement Living at 2030	$ 706696478.91	.000000	$ 0.00
Retirement Living at 2025	$ 814926582.07	.000000	$ 0.00
Retirement Living at 2020	$ 763309566.25	.000000	$ 0.00
Retirement Living at 2015	$ 518705081.98	.000000	$ 0.00
Retirement Living at 2010	$ 378048332.69	.000000	$ 0.00
Retirement Choices at 2050	$ 23364805.59	.000000	$ 0.00
Retirement Choices at 2045	$ 66085451.08	.000000	$ 0.00
Retirement Choices at 2040	$ 86603436.53	.000000	$ 0.00
Retirement Choices at 2035	$ 124136447.79	.000000	$ 0.00
Retirement Choices at 2030	$ 161833667.80	.000000	$ 0.00
Retirement Choices at 2025	$ 207649101.40	.000000	$ 0.00
Retirement Choices at 2020	$ 180236250.90	.000000	$ 0.00
Retirement Choices at 2015	$ 121531495.79	.000000	$ 0.00
Retirement Choices at 2010	$ 83036157.00	.000000	$ 0.00
Lifestyle Aggressive	$ 3052151070.17	196.383991	$ 60770.14
Lifestyle Growth	$ 9067507975.79	1053.562932	$ 323578.42
Lifestyle Balanced	$ 9399693183.07	770.923940	$ 172929.38
Lifestyle Moderate	$ 2922293104.56	161.397960	$ 29423.74
Lifestyle Conservative	$ 2509841996.69	72.339530	$ 14902.88
Russell Equity Growth	$ 43652337.67	.000000	$ 0.00
Russell Growth	$ 122019380.62	.000000	$ 0.00
Russell Balanced	$ 144476808.17	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2011
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Russell Moderate	$ 33559530.13	.000000	$ 0.00
Russell Conservative	$ 21008887.11	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 111060993.89	.000000	$ 0.00
Real Est. Securities Fund	$ 424184734.69	113.002839	$ 6150.82
Natural Resources Fund	$ 160271124.23	380.670775	$ 15118.81
DFA Emerging Markets Value	$ 227011022.50	23.270541	$ 859.15
Royce Opportunity	$ 129933813.19	.000000	$ 0.00
Intl Small Cap Fund	$ 97224543.50	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 19956243.63	.000000	$ 0.00
International Opps Fund	$ 60274897.69	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 671015153.50	42.366776	$ 2364.76
PIMCO Commodity Real Return	$ 2504266.07	.000000	$ 0.00
Energy	$ 557085244.45	257.728638	$ 23346.07
Dodge & Cox International St	$ 1612716.61	.000000	$ 0.00
Keeley Small Cap Value	$ 25633413.70	.000000	$ 0.00
DFA International Value	$ 71259596.53	.000000	$ 0.00
Mid-Cap Growth Index Fund	$ 0.00	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 30797402.32	.000000	$ 0.00
International Value Fund	$ 218516289.26	.000000	$ 0.00
DFA US Targeted Value Fund	$ 23122029.69	.000000	$ 0.00
Mid Cap Stock Fund	$ 288916623.91	.000000	$ 0.00
Columbia Value & Restructuring	$ 283535447.50	362.356849	$ 18203.08
T. Rowe Price Sci & Tech	$ 308935204.00	724.915638	$ 31959.45
DFA U.S. Small Cap Fund	$ 102319591.50	.000000	$ 0.00
Small Cap Growth Index	$ 210334982.00	.000000	$ 0.00
Intl Equity Index Fund	$ 180320615.75	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
International Core Fund	$ 34864239.08	.000000	$ 0.00
SMALLCAP World Fund	$ 24847462.96	.000000	$ 0.00
New World Fund	$ 34005448.72	.000000	$ 0.00
Science & Technology Fund	$ 179800151.34	.000000	$ 0.00
Financial Services Fund	$ 74398500.27	.000000	$ 0.00
Small Cap Index Fund	$ 159435690.75	.000000	$ 0.00
American Century Heritage	$ 214699733.55	3794.796125	$ 74299.88
John Hancock Intl Growth	$ 8026107.22	.000000	$ 0.00
Explorer	$ 44337889.38	.000000	$ 0.00
Bridgeway Ultra-Small Co	$ 0.00	.000000	$ 0.00
American Century Vista	$ 0.00	.000000	$ 0.00
Small Cap Growth Fund	$ 76925471.52	.000000	$ 0.00
Inv Small Cap Growth	$ 133935119.83	181.178868	$ 4466.47
Oppenheimer Intl Growth Fund	$ 47229553.88	.000000	$ 0.00
EuroPacific Growth Fund	$ 675544923.21	184.771319	$ 8989.21
Franklin Small-Mid Growth	$ 161568830.14	40.752951	$ 1900.11
Pru Jennison 20/20 Focus Fund	$ 44550468.38	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 137120713.26	432.889601	$ 21798.49
Turner Large Growth Fund	$ 1574369.55	.000000	$ 0.00
Thornburg International Value	$ 29129648.12	.000000	$ 0.00
Brandywine Blue Fund	$ 2218124.65	.000000	$ 0.00
T. Rowe Price Health Sci	$ 298021277.43	.000000	$ 0.00
Small Cap Opportunities Fund	$ 54546482.73	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 25825061.76	.000000	$ 0.00
Aston/Fairpointe Mid Cap Fund	$ 5042261.61	.000000	$ 0.00
Small Company Value Fund	$ 106974471.90	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Mid-Cap Value Index Fund	$ 0.00	.000000	$ 0.00
Small Cap Value Index	$ 35512118.52	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 1195367.50	.000000	$ 0.00
Columbia Mid Cap Value	$ 72909682.83	.000000	$ 0.00
Small Cap Value Fund	$ 215778031.98	.000000	$ 0.00
Blue Chip Growth Fund	$ 470708927.70	415.902165	$ 10648.85
Franklin Balance Sheet	$ 196993072.46	102.893057	$ 9534.43
Value Fund	$ 79769384.22	.000000	$ 0.00
Mid Cap Index Fund	$ 340591734.73	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 169287252.58	.000000	$ 0.00
Oppenheimer Global	$ 193036100.41	25.446444	$ 984.77
Lord Abbett Value Opps Fund	$ 14933796.26	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 116072584.33	1915.524873	$ 39264.64
Mid Value Fund	$ 181736969.73	.000000	$ 0.00
Capital World Growth & Income	$ 80100172.86	.000000	$ 0.00
Capital Appreciation Fund	$ 351079066.07	1582.820976	$ 18078.06
Templeton World	$ 124113515.92	180.070543	$ 6151.42
Large Cap Value Fund	$ 0.00	.000000	$ 0.00
Domini Social Equity	$ 59145975.96	541.598259	$ 20669.88
All Cap Core Fund	$ 17118970.10	.000000	$ 0.00
John Hancock Rainier Grow	$ 2162408.00	.000000	$ 0.00
All Cap Value Fund	$ 94951468.03	.000000	$ 0.00
JPM MidCap Value Fund	$ 220906550.47	.000000	$ 0.00
New Perspective Fund	$ 33136563.73	.000000	$ 0.00
Pru Jennison Mid Growth Fund	$ 27195078.64	.000000	$ 0.00
Fundamental Investors	$ 121551187.63	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Utilities Fund	$ 92580943.17	.000000	$ 0.00
MFS Utilities	$ 231659659.45	1882.236779	$ 43296.83
Total Stock Market Index Fund	$ 230459259.14	.000000	$ 0.00
Victory Diversified Stock	$ 12155583.10	.000000	$ 0.00
John Hancock Disciplined Value	$ 11735084.71	.000000	$ 0.00
Growth Index Fund	$ 53433767.00	.000000	$ 0.00
The Growth Fund of America	$ 795356849.87	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 49577426.08	.000000	$ 0.00
Fidelity ContraFund	$ 335569746.74	.000000	$ 0.00
Fidelity Adv New Insights	$ 61704421.72	.000000	$ 0.00
Mass Investors Fund	$ 21927065.44	.000000	$ 0.00
BlackRock Large Value	$ 0.00	.000000	$ 0.00
Large Cap Fund	$ 40333523.40	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 1577328.27	.000000	$ 0.00
Equity Income Fund	$ 241290847.79	.000000	$ 0.00
Fundamental Large Cap Value	$ 44352848.04	.000000	$ 0.00
Davis New York Venture	$ 562398854.59	161.180649	$ 4448.72
T. Rowe Price Equity Inc	$ 440696361.05	327.624503	$ 12351.00
Columbia Equity Value	$ 8555662.85	.000000	$ 0.00
Value Index Fund	$ 35448961.76	.000000	$ 0.00
BlackRock Basic Value	$ 6327805.33	.000000	$ 0.00
500 Index Fund	$ 924345444.72	41.652599	$ 30494.89
Mutual Beacon	$ 353526987.31	83.805948	$ 8914.70
FT Founding Allocation	$ 25616411.35	.000000	$ 0.00
Washington Mutual Investors	$ 209188191.22	35.947094	$ 1386.89
Investment Company of America	$ 197312004.13	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Parnassus Equity Income	$ 54683359.28	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 121442691.42	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 10166022.35	.000000	$ 0.00
Capital Income Builder	$ 34815196.45	.000000	$ 0.00
Pax World Balanced Fund	$ 1031722.55	.000000	$ 0.00
Income Fund of America	$ 35135434.80	.000000	$ 0.00
Core Global Diversification	$ 25498354.91	.000000	$ 0.00
American Balanced Fund	$ 494023866.26	24.967937	$ 607.03
BlackRock Global Allocation	$ 299789910.27	.000000	$ 0.00
PIMCO All Asset	$ 175744193.88	.000000	$ 0.00
Mutual Global Discovery	$ 362623800.52	191.755245	$ 12920.34
Core Diversified Grwth & Inc	$ 24240585.14	.000000	$ 0.00
Core Fundamental Holdings	$ 10378506.33	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 5632758.57	.000000	$ 0.00
High Yield Fund	$ 301471514.91	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 71435346.11	.000000	$ 0.00
American High-Income Fund	$ 39413917.92	.000000	$ 0.00
Federated High Yield Bond	$ 10350721.91	.000000	$ 0.00
Floating Rate Income Fund	$ 148307.99	.000000	$ 0.00
Global Bond Fund	$ 81530645.38	.000000	$ 0.00
Real Return Bond Fund	$ 128785642.52	.000000	$ 0.00
LM Westrn Asset Glb High Yield	$ 0.00	.000000	$ 0.00
PIMCO Global Bond	$ 204353259.97	892.958773	$ 16098.65
Oppenheimer Intl Bond	$ 102779740.42	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 16029555.34	.000000	$ 0.00
PIMCO Real Return	$ 359763850.11	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 69085 THE TRUSTEES OF COMMODITY TRUCK
ACQUISITION, LLC EMPLOYEE BENEFIT PLAN
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF COMMODITY TRUCK ACQUISITION, LLC EMPLOYEE BENEFIT PLAN Total No of Units	Total Value
Templeton Global Bond Fund	$ 39639473.24	.000000	$ 0.00
Capital World Bond Fund	$ 15927787.22	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 232889426.44	14.514563	$ 481.78
Strategic Income Opp Fund	$ 224096812.16	95.735176	$ 2008.01
Active Bond Fund	$ 45537846.07	.000000	$ 0.00
Investment Qual Bond Fund	$ 68220509.67	.000000	$ 0.00
The Bond Fund of America	$ 25298889.61	.000000	$ 0.00
Total Return Fund	$ 337897318.86	5.487349	$ 150.03
Core Bond Fund	$ 23501578.91	.000000	$ 0.00
PIMCO Total Return	$ 1379333861.10	7618.237510	$ 172409.16
Total Bond Market Fund	$ 87476848.37	.000000	$ 0.00
US Government Securities	$ 74642521.71	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 13372929.50	.000000	$ 0.00
Short-Term Federal	$ 466032181.88	.000000	$ 0.00
Money Market Fund	$ 2535358647.86	7826.915094	$ 101794.33
John Hancock Stable Val	$ 1725538477.45	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.



Katherine MacMillan
President, Retirement Plan Services

Production Date(R): DEC/30/2011