Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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
ROADONE WEST, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2003

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

3821 CALLE FORTUNADA, SUITE A
SAN DIEGO, CA 92123

2b Employer Identification Number (EIN)
55-0808374

2c Sponsor's telephone number
858-492-5210

2d Business code (see instructions)
488410

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.	08/27/2013	DAVID PUDGIL
	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")
ROADONE WEST, INC.

3821 CALLE FORTUNADA, SUITE A
SAN DIEGO, CA 92123

3b Administrator's EIN
55-0808374

3c Administrator's telephone number
858-492-5210

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	439
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**	308
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	83
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	391
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	391
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	293
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
ROADONE WEST, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
ROADONE WEST, INC.

D Employer Identification Number (EIN)
55-0808374

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 LIFE INSURANCE COMPANY

(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	(g) To
01-0233346	65838	23569	339	07/01/2010	06/30/2011

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
0	24779

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
TRI-AD ACTUARIES, INC.
221 WEST CREST STREET, SUITE 300
ESCONDIDO, CA 92025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	14888	TPA FEES	5

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7127	BROKER COMMISSION	3

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

SAGEPOINT FINANCIAL, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	2764	BROKER COMMISSION	3

(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4416460

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

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 organization(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)**	
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)**	
(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)**	
(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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
ROADONE WEST, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROADONE WEST, INC.

D Employer Identification Number (EIN)
55-0808374

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233374

(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	NONE	2074	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

(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

(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
ROADONE WEST, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
55-0808374

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: MANULIFE MONEY MARKET

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	206662

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	122459

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	350590

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	696722

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	1217554

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	328262

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

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)
01-0233346-000	P	28702

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC AMERICAN FUND WASHINGTON MUTUAL

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48401

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC TRP EQ INC

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34094

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC DAVIS NY VENTURE

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19299

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71785

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11682

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53057

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69604

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4051

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68678

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9558

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71077

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC SM-MD GROWTH

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23111

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116912

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171842

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC INDEX 500

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42187

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78317

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19161

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45439

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42184

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20776

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 616

a Name of MTIA, CCT, PSA, or 103-12 IE: MFC VS INTL OP

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 600

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19679

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

b Name of sponsor of entity listed in (a): MANUFACTURERS LIFE INSURANCE CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23655

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
ROADONE WEST, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROADONE WEST, INC.

D Employer Identification Number (EIN)
55-0808374

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	202568	209912
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	308235	397616
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2702550	3815026
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3213353	4422554
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3213353	4422554

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)	137246	
(B) Participants	2a(1)(B)	333410	
(C) Others (including rollovers)	2a(1)(C)	168797	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		639453
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	17753	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17753
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		709980
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1367186
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	106957	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		106957
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		25051
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	14777	
(2) Contract administrator fees	2i(2)	11200	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25977
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		157985
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1209201
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CEA, LLP (2) EIN: 33-0927538

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		159780
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
ROADONE WEST, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROADONE WEST, INC.

D Employer Identification Number (EIN)
55-0808374

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**

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): 13-3439945

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CEA LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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Gregory Bellman, CPA
Tami Brennan, CPA
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Ellen Williams, CPA

INDEPENDENT AUDITOR'S REPORT

Savings Plan Committee
RoadOne West, Inc. 401(k) Plan
San Diego, California

We were engaged to audit the Statements of Net Assets Available for Benefits – Modified Cash Basis of the RoadOne West, Inc. 401(k) Plan as of December 31, 2011 and June 30, 2011 and the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis for the six months ended December 31, 2011 and the year ended June 30, 2011 and the supplemental schedules as of December 31, 2011 and June 30, 2011 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by John Hancock Life Insurance Company (USA), the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. The Plan administrator has informed us that the Trustee 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 six months ended December 31, 2011 and as of and for the year ended June 30, 2011, that the information provided to the Plan administrator by the Trustee is complete and accurate.

As described in Note B, the Plan's policy is to prepare its financial statements on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America.

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

CEA, LLP

October 1, 2012

ROADONE WEST, INC.
401(k) PLAN

FINANCIAL STATEMENTS
(Modified Cash Basis)

DECEMBER 31, 2011 AND JUNE 30, 2011

RoadOne West, Inc. 401(k) Plan
December 31, 2011 and June 30, 2011

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INDEPENDENT AUDITOR'S REPORT

Savings Plan Committee
RoadOne West, Inc. 401(k) Plan
San Diego, California

We were engaged to audit the Statements of Net Assets Available for Benefits – Modified Cash Basis of the RoadOne West, Inc. 401(k) Plan as of December 31, 2011 and June 30, 2011 and the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis for the six months ended December 31, 2011 and the year ended June 30, 2011 and the supplemental schedules as of December 31, 2011 and June 30, 2011 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by John Hancock Life Insurance Company (USA), the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. The Plan administrator has informed us that the Trustee 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 six months ended December 31, 2011 and as of and for the year ended June 30, 2011, that the information provided to the Plan administrator by the Trustee is complete and accurate.

As described in Note B, the Plan's policy is to prepare its financial statements on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America.

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

CEA, LLP

October 1, 2012

RoadOne West, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
Modified Cash Basis

	As of December 31, 2011	As of June 30, 2011
Assets		
Investments at fair value:		
Interest bearing cash and cash equivalents	$ 187,312	$ 214,823
Mutual funds	3,618,943	3,810,115
Total Investments	**3,806,255**	**4,024,938**
Receivables		
Notes receivable from participants	433,953	397,616
Net Assets Available for Benefits	**$ 4,240,208**	**$ 4,422,554**

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

RoadOne West, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Modified Cash Basis

	For the Six Months Ended December 31, 2011	For the Twelve Months Ended June 30, 2011
Additions		
Additions to net assets attributed to:		
Net realized and unrealized appreciation on fair value of investments	$ -	$ 714,829
Interest - notes receivable from participants	9,252	17,753
Participant contributions	199,169	333,410
Employer contributions	78,869	137,246
Rollovers	-	168,797
Total Additions	287,290	1,372,035
Deductions		
Deductions from net assets attributed to:		
Net realized and unrealized depreciation on fair value of investments	(315,038)	-
Benefits paid to participants	(132,247)	(111,806)
Corrective distributions	-	(25,051)
Deemed distributions	(4,891)	-
Administrative expenses	(17,460)	(25,977)
Total Deductions	(469,636)	(162,834)
Net Increase (Decrease)	(182,346)	1,209,201
Net assets available for benefits		
Beginning of the year	4,422,554	3,213,353
End of the year	$ 4,240,208	$ 4,422,554

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

A. DESCRIPTION OF PLAN

The following description of the RoadOne West, Inc. 401(k) Plan ("Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan Trustee is John Hancock Life Insurance Company (USA) ("John Hancock" or "Trustee").

General

The Plan was established on September 1, 2003 as a defined contribution plan. The Plan covers all employees of RoadOne West, Inc. and subsidiaries who have completed at least three months of service and are eighteen years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Year End Change

Effective August 1, 2011, the Plan was formally amended to change its year end from June 30 to December 31.

Participant Contributions

Each year, participants may contribute pre-tax compensation subject to certain annual federal tax limitations, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans.

Employer Contributions

The Company determines employer contributions on a yearly basis. The Company contributed 50% of the first 4% of compensation that a participant contributed to the Plan during the six months ended December 31, 2011 and for the year ended June 30, 2011. The Company may make discretionary contributions. No discretionary contributions were made for the six months ended December 31, 2011 and for the year ended June 30, 2011.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce trustee and administrative expenses and future employer contributions. The Plan did not use any forfeitures to pay trustee and administrative expenses during the six months ended December 31, 2011. At December 31, 2011, $7,788 was available to reduce future trustee and administrative expenses and employer contributions. The Plan used $3,688 of forfeitures to pay trustee and administrative expenses during the year ended June 30, 2011. At June 30, 2011, $2,067 was available to reduce future trustee and administrative expenses and employer contributions.

A. DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account plus actual earnings thereon is based on years of continuous service as follows: 100% vested after three years of service.

Payment of Benefits

Participants are eligible to receive a lump-sum distribution of benefits upon termination of employment, death, disability, retirement or Plan termination. Distributions may also be made for hardship withdrawals, which are authorized by the Plan Administrator and conform to the "deemed hardship" standards set forth in Treasury Regulation Section 1.401(k)(d)(2). Such hardship distributions are subject to certain limitations.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum of the lower of 50% of their vested account balance or $50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates ranged from 4.25% to 6.00% at December 31, 2011 and June 30, 2011. Principal and interest is paid ratably through payroll deductions.

Investment Options

John Hancock as Trustee under a trust agreement holds the assets of the Plan, including all contributions and earnings thereon. Upon enrollment in the Plan, participants may direct contributions in any of the investment options made available by John Hancock.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America. Accordingly, investment income is recognized when received and disbursements are recognized when made.

Accounting Estimates

The Plan administrator uses estimates and assumptions in preparing the Plan's financial statements in accordance with the modified cash basis. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported changes in net assets. Actual results could vary from the estimates that were used.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of Investments

The Plan's investments are stated 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 F for discussion of fair value measurement.

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

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

Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, market fluctuation and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Plan Expenses

The Company sponsors the Plan. Personnel within the Company perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Most administrative expenses of the Plan, including record keeping, consulting, investment, legal, and audit fees, are paid by the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The date to which events occurring after December 31, 2011, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustments to the financial statements or disclosures is October 1, 2012, which is the date on which the financial statements were available to be issued.

C. PARTY-IN INTEREST

There were no party-in-interest transactions between the Plan and John Hancock, other than payment of investment fees from the Plan assets for services rendered.

F. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth, by level, with the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011:

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,618,943	$ -	$ -	$ 3,618,943
Interest bearing cash	187,312	-	-	187,312
Total investments at fair value	$ 3,806,255	$ -	$ -	$ 3,806,255

The following table sets forth, by level, with the fair value hierarchy, the Plan's investments at fair value as of June 30, 2011:

	Investments at Fair Value as of June 30, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,810,115	$ -	$ -	$ 3,810,115
Interest bearing cash	214,823	-	-	214,823
Total investments at fair value	$ 4,024,938	$ -	$ -	$ 4,024,938

G. INVESTMENTS

The following presents investments at December 31, 2011 and June 30, 2011 that represent 5% or more of the Plan's net assets.

	December 31, 2011	June 30, 2011
Lifestyle Growth	$ 1,151,942	$ 1,217,554
Lifestyle Balanced	662,037	696,722
Lifestyle Moderate	314,775	350,590
Lifestyle Aggressive	307,875	328,262
Oppenheimer Developing Market	240,874	*
Manulife Money Fund	*	206,662

* Investment did not represent 5% or more of the Plan's net assets available for benefits.

H. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2011 and June 30, 2011, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at December 31, 2011 and June 30, 2011, as reported by the Trustee is summarized as follows:

	December 31, 2011	June 30, 2011
Lifestyle Growth	$ 1,151,942	$ 1,217,554
Lifestyle Balanced	662,037	696,722
Lifestyle Moderate	314,775	350,590
Lifestyle Aggressive	307,875	328,262
Oppenheimer Developing Market	240,874	171,842
Manulife Money Fund	179,524	206,662
Lifestyle Conservative	120,511	122,459
Domini Social Equity Fund	95,114	-
Blue Chip Growth Fund	92,004	68,678
Mutual Beacon	68,832	71,785
Washington Mutual Investors	66,973	48,401
Small Cap Growth Index	65,198	71,077
JPM Mid Cap Value Fund	60,931	11,682
500 Index Fund	60,649	42,187
PIMCO Total Return	50,071	28,702
Blackrock Global Allocation	44,954	45,439
Mutual Global Discovery	42,949	69,605
MFS Utilities	36,884	42,184
Real Estate Securities Fund	27,694	19,679
Franklin Small-Mid Growth	22,210	23,111
Fidelity Advisor Gold Fund	20,710	23,655
Capital Appreciation Fund	16,044	-
Retirement Living at 2025	14,188	-
Interest Bearing Cash	7,788	8,161
Retirement Living at 2020	7,371	-
Retirement Living at 2010	6,785	-
Retirement Living at 2035	5,537	-
DFA US Small Cap Fund	4,406	4,051
Retirement Living at 2050	4,251	-
Retirement Living at 2040	2,822	-
Mid Cap Index Fund	2,140	20,776
High Yield Fund	1,494	19,161
PIMCO Global Bond	718	-
Emerging Market	-	116,912
Optimized All Cap Fund	-	78,317

H. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED) (CONTINUED)

	December 31, 2011	June 30, 2011
Franklin Balance Sheet	$ -	$ 53,057
T. Rowe Price Equity Income	-	34,094
Davis NY Venture	-	19,299
AF Growth	-	9,558
Index Small	-	616
VS International Operations	-	600
Spectrum I	-	60
Total Investments at Fair Value	3,806,255	4,024,938
Notes receivable from participants	433,953	397,616
	$ 4,240,208	$ 4,422,554
Interest income: notes receivable from participants	$ 9,252	$ 17,753

During the six months ended December 31, 2011 and the year ended June 30, 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	December 31, 2011	June 30, 2011
Mutual Funds	$ (315,038)	$ 714,829

Information included in the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011 and June 30, 2011 as it relates to John Hancock Insurance Company (USA) was also certified by the Trustee.

SUPPLEMENTAL INFORMATION

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	Lifestyle Growth	$ -	$ 1,151,942
*	John Hancock Life Insurance Company USA	Lifestyle Balanced	-	662,037
*	John Hancock Life Insurance Company USA	Lifestyle Moderate	-	314,775
*	John Hancock Life Insurance Company USA	Lifestyle Aggressive	-	307,875
*	John Hancock Life Insurance Company USA	Oppenheimer Developing Market	-	240,874
*	John Hancock Life Insurance Company USA	Manulife Money Fund	-	179,524
*	John Hancock Life Insurance Company USA	Lifestyle Conservative	-	120,511
*	John Hancock Life Insurance Company USA	Domini Social Equity	-	95,114
*	John Hancock Life Insurance Company USA	Blue Chip Growth Fund	-	92,004
*	John Hancock Life Insurance Company USA	Mutual Beacon	-	68,832
*	John Hancock Life Insurance Company USA	Washington Mutual Investors	-	66,973
*	John Hancock Life Insurance Company USA	Small Cap Growth Index	-	65,198
*	John Hancock Life Insurance Company USA	JPM Mid Cap Value Fund	-	60,931
*	John Hancock Life Insurance Company USA	500 Index Fund	-	60,649
*	John Hancock Life Insurance Company USA	PIMCO Total Return	-	50,071
*	John Hancock Life Insurance Company USA	Blackrock Global Allocation	-	44,954
*	John Hancock Life Insurance Company USA	Mutual Global Discovery	-	42,949
*	John Hancock Life Insurance Company USA	MFS Utilities	-	36,884
*	John Hancock Life Insurance Company USA	Real Estate Securities Fund	-	27,694
*	John Hancock Life Insurance Company USA	Franklin Small-Mid Growth	-	22,210
*	John Hancock Life Insurance Company USA	Fidelity Advisor Gold Fund	-	20,710
*	John Hancock Life Insurance Company USA	Capital Appreciation Fund	-	16,044
*	John Hancock Life Insurance Company USA	Retirement Living at 2025	-	14,188
*	John Hancock Life Insurance Company USA	Interest Bearing Cash	-	7,788
*	John Hancock Life Insurance Company USA	Retirement Living at 2020	-	7,371
*	John Hancock Life Insurance Company USA	Retirement Living at 2010	-	6,785
*	John Hancock Life Insurance Company USA	Retirement Living at 2035	-	5,537
*	John Hancock Life Insurance Company USA	DFA US Small Cap Fund	-	4,406
*	John Hancock Life Insurance Company USA	Retirement Living at 2050	-	4,251
*	John Hancock Life Insurance Company USA	Retirement Living at 2040	-	2,822
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	-	2,140

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	John Hancock Life Insurance Company USA	High Yield Fund	-	1,494
*	John Hancock Life Insurance Company USA	PIMCO Global Bond	-	718
*	Notes receivable from participants	Loans - Interest at 4.25% - 6.00%; secured by vested balances	-	433,953
			$ -	$ 4,240,208

* Party-in-interest

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

June 30, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	Lifestyle Growth	$ -	$ 1,217,554
*	John Hancock Life Insurance Company USA	Lifestyle Balanced	-	696,722
*	John Hancock Life Insurance Company USA	Lifestyle Moderate	-	350,590
*	John Hancock Life Insurance Company USA	Lifestyle Aggressive	-	328,262
*	John Hancock Life Insurance Company USA	Manulife Money Fund	-	206,662
*	John Hancock Life Insurance Company USA	Oppenheimer Developing Market	-	171,842
*	John Hancock Life Insurance Company USA	Lifestyle Conservative	-	122,459
*	John Hancock Life Insurance Company USA	Emerging Market	-	116,912
*	John Hancock Life Insurance Company USA	Optimized All Cap Fund	-	78,317
*	John Hancock Life Insurance Company USA	Mutual Beacon	-	71,785
*	John Hancock Life Insurance Company USA	Small Cap Growth Index	-	71,077
*	John Hancock Life Insurance Company USA	Mutual Global Discovery	-	69,605
*	John Hancock Life Insurance Company USA	Blue Chip Growth Fund	-	68,678
*	John Hancock Life Insurance Company USA	Franklin Balance Sheet	-	53,057
*	John Hancock Life Insurance Company USA	Washington Mutual Investors	-	48,401
*	John Hancock Life Insurance Company USA	Blackrock Global Allocation	-	45,439
*	John Hancock Life Insurance Company USA	500 Index Fund	-	42,187
*	John Hancock Life Insurance Company USA	MFS Utilities	-	42,184
*	John Hancock Life Insurance Company USA	T. Rowe Price Equity Income	-	34,094
*	John Hancock Life Insurance Company USA	PIMCO Total Return	-	28,702
*	John Hancock Life Insurance Company USA	Fidelity Advisory Gold Fund	-	23,655
*	John Hancock Life Insurance Company USA	Franklin Small-Mid Growth	-	23,111
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	-	20,776
*	John Hancock Life Insurance Company USA	Real Estate Securities Fund	-	19,679
*	John Hancock Life Insurance Company USA	Davis NY Venture	-	19,299
*	John Hancock Life Insurance Company USA	High Yield Fund	-	19,161
*	John Hancock Life Insurance Company USA	JPM Mid Cap Value Fund	-	11,682
*	John Hancock Life Insurance Company USA	AF Growth	-	9,558
*	John Hancock Life Insurance Company USA	Interest Bearing Cash	-	8,161
*	John Hancock Life Insurance Company USA	DFA US Small Cap Fund	-	4,051

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

June 30, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	Index Small	-	616
*	John Hancock Life Insurance Company USA	VS International Operations	-	600
*	John Hancock Life Insurance Company USA	Spectrum I	-	60
*	Notes receivable from participants	Loans - Interest at 4.25% - 6.00%; secured by vested balances	-	397,616
			$ -	$ 4,422,554

* Party-in-interest

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

June 30, 2011

Participant Contributions Transferred Late to Plan - Year Ended June 30, 2011	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
$ 159,780	$ -	$ -	$ -	$ 159,780

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

June 30, 2011

Participant Contributions Transferred Late to Plan - Year Ended June 30, 2011	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
$ 159,780	$ -	$ -	$ -	$ 159,780

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

June 30, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	Lifestyle Growth	$ -	$ 1,217,554
*	John Hancock Life Insurance Company USA	Lifestyle Balanced	-	696,722
*	John Hancock Life Insurance Company USA	Lifestyle Moderate	-	350,590
*	John Hancock Life Insurance Company USA	Lifestyle Aggressive	-	328,262
*	John Hancock Life Insurance Company USA	Manulife Money Fund	-	206,662
*	John Hancock Life Insurance Company USA	Oppenheimer Developing Market	-	171,842
*	John Hancock Life Insurance Company USA	Lifestyle Conservative	-	122,459
*	John Hancock Life Insurance Company USA	Emerging Market	-	116,912
*	John Hancock Life Insurance Company USA	Optimized All Cap Fund	-	78,317
*	John Hancock Life Insurance Company USA	Mutual Beacon	-	71,785
*	John Hancock Life Insurance Company USA	Small Cap Growth Index	-	71,077
*	John Hancock Life Insurance Company USA	Mutual Global Discovery	-	69,605
*	John Hancock Life Insurance Company USA	Blue Chip Growth Fund	-	68,678
*	John Hancock Life Insurance Company USA	Franklin Balance Sheet	-	53,057
*	John Hancock Life Insurance Company USA	Washington Mutual Investors	-	48,401
*	John Hancock Life Insurance Company USA	Blackrock Global Allocation	-	45,439
*	John Hancock Life Insurance Company USA	500 Index Fund	-	42,187
*	John Hancock Life Insurance Company USA	MFS Utilities	-	42,184
*	John Hancock Life Insurance Company USA	T. Rowe Price Equity Income	-	34,094
*	John Hancock Life Insurance Company USA	PIMCO Total Return	-	28,702
*	John Hancock Life Insurance Company USA	Fidelity Advisory Gold Fund	-	23,655
*	John Hancock Life Insurance Company USA	Franklin Small-Mid Growth	-	23,111
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	-	20,776
*	John Hancock Life Insurance Company USA	Real Estate Securities Fund	-	19,679
*	John Hancock Life Insurance Company USA	Davis NY Venture	-	19,299
*	John Hancock Life Insurance Company USA	High Yield Fund	-	19,161
*	John Hancock Life Insurance Company USA	JPM Mid Cap Value Fund	-	11,682
*	John Hancock Life Insurance Company USA	AF Growth	-	9,558
*	John Hancock Life Insurance Company USA	Interest Bearing Cash	-	8,161
*	John Hancock Life Insurance Company USA	DFA US Small Cap Fund	-	4,051

RoadOne West, Inc. 401(k) Plan
(I.D. #55-0808374 - Plan #001)
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

June 30, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	Index Small	-	616
*	John Hancock Life Insurance Company USA	VS International Operations	-	600
*	John Hancock Life Insurance Company USA	Spectrum I	-	60
*	Notes receivable from participants	Loans - Interest at 4.25% - 6.00%; secured by vested balances	-	397,616
			$ -	$ 4,422,554

* Party-in-interest