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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2012</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                |                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ► <u>007</u><br><b>1c</b> Effective date of plan<br><u>01/01/1977</u>                                                                                      |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>TRANSPORT SERVICE CO.</u><br><br><u>4366 MT. PLEASANT ST., NW</u><br><u>NORTH CANTON, OH 44720</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2068781</u><br><b>2c</b> Sponsor's telephone number<br><u>630-472-5900</u><br><b>2d</b> Business code (see instructions)<br><u>484120</u> |

**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.

|                                                                                                            |                                                          |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>09/27/2013</u> | <u>KIMBERLY CONLEY</u>                                       |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |                   | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                           |           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                             |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                       |           | <b>5</b> 158                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b> | 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                             | <b>6c</b> | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> | 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                     | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                       | <b>6f</b> | 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                | <b>6g</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                    | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                          |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1G 1I 3D                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>                                                              | <b>B</b> Three-digit plan number (PN) ▶ <u>007</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRANSPORT SERVICE CO.</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>36-2068781</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                               |                             |
| <b>2</b> Assets:                                                                                                                                                                                                |                             |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>1256338</u>    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>1256338</u>    |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> <u>0</u>          |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <b>3b</b> <u>66</u>         |
| <b>c</b> For active participants:                                                                                                                                                                               |                             |
| <b>(1)</b> Non-vested benefits.....                                                                                                                                                                             | <b>3c(1)</b> <u>0</u>       |
| <b>(2)</b> Vested benefits.....                                                                                                                                                                                 | <b>3c(2)</b> <u>1142614</u> |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b> <u>92</u>      |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>158</u>        |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>7.01</u> %      |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> <u>0</u>           |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                          |  |                                        |
|--------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                         |  | <u>09/27/2013</u>                      |
| Signature of actuary                                                     |  | Date                                   |
| <u>JAMES S. BARR, A.S.A., E.A.</u>                                       |  | <u>11-04632</u>                        |
| Type or print name of actuary                                            |  | Most recent enrollment number          |
| <u>RONALD SPITZ &amp; ASSOCIATES, INC.</u>                               |  | <u>847-375-9680</u>                    |
| Firm name                                                                |  | Telephone number (including area code) |
| <u>1300 JEFFERSON ST. SUITE 103</u><br><u>DES PLAINES, IL 60016-7100</u> |  |                                        |
| Address of the firm                                                      |  |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2012**  
**v. 120126**

| <b>Part II Beginning of Year Carryover Prefunding Balances</b>                                                                             |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 171082                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 171082                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-1.57</u> % .....                                                      | -2686                 |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 48835                  |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.91</u> % except as otherwise provided (see instructions) ..... |                       | 2886                   |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 51721                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 168396                | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 89.13 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 89.13 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 79.40 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 07/10/2012                                                                               | 50000                             |                                 |                          |                                   |                                 |
| 08/28/2012                                                                               | 100000                            |                                 |                          |                                   |                                 |
| 02/15/2013                                                                               | 50000                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 200000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 190008 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |        |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |        |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |        |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          |         | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 153086              | 97872              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 97872              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 97872              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 190008             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 92136              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2012</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>                  | <b>B</b> Three-digit plan number (PN) ▶ <u>007</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRANSPORT SERVICE CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2068781</u> |

**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

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

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

**(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

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**(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

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**(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)

WILLIAM BLAIR & COMPANY

36-2214610

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20                     | NONE                                                                                              | 7206                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RONALD SPITZ & ASSOCIATES, INC.

36-4059605

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 20245                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                        |            |
| <b>A</b> Name of plan<br><u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>                             | <b>B</b> Three-digit plan number (PN) ►                                | <u>007</u> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRANSPORT SERVICE CO.</u>            | <b>D</b> Employer Identification Number (EIN)<br><br><u>36-2068781</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 17804                 | 24216           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 50000                 | 50000           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 60894                 | 118824          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 6352                  | 4959            |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 358148                | 170675          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 686336                | 811385          |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 77225                 | 173002          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1256759               | 1353061         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1256759 | 1353061 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 200000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 200000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 16425      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 16425     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 13706      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 13706     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 345285     |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 302325     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 42960     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 74023      |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 74023     |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 347114    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 211055 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) | 0      |        |
| (3) Other .....                                                                     | 2e(3) | 0      |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 211055 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 23835  |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 0      |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 7206   |        |
| (4) Other .....                                                                     | 2i(4) | 8716   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 39757  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 250812 |

**Net Income and Reconciliation**

|                                                         |       |  |       |
|---------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 96302 |
| 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) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: HANSON PLAHM & COMPANY

(2) EIN: 36-3849301

**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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                              | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                         |     | X  |        |
| <b>d</b> 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.).....                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                      | X   |    | 400000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                      |     | X  |        |
| <b>g</b> 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? .....                                                   |     | X  |        |
| <b>h</b> 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? .....                                         |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                | X   |    |        |
| <b>j</b> 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.)..... | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                           |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                  |     |    |        |
| <b>n</b> 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. ....                                     |     |    |        |

**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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>007</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRANSPORT SERVICE CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2068781</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                        |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                  | <b>1</b> | <u>0</u>  |
| <b>2</b> 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):<br><br>EIN(s): _____ |          |           |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                        | <b>3</b> | <u>12</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2012  
v. 120126

**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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 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 lines (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 line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**OAK BROOK, ILLINOIS**

**YEARS ENDED  
DECEMBER 31, 2012 and 2011**

**FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL INFORMATION**

**and**

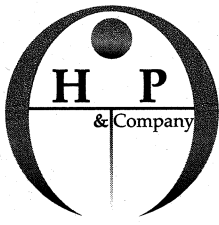
**REPORT OF INDEPENDENT AUDITORS**

**EMPLOYER IDENTIFICATION #36-2068781**

**PLAN #007**

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# HANSEN PLAHM

& COMPANY

*Certified Public Accountants and Consultants*

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Phone: 630-968-8897

Fax: 630-968-8927

## INDEPENDENT AUDITORS' REPORT

To the Plan Manager  
Transport Service Co. Pension Plan  
Oak Brook, Illinois

### Report on the Financial Statements

We have audited the accompanying financial statements of Transport Service Co. Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2012, the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## INDEPENDENT AUDITORS' REPORT (CONT'D)

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Transport Service Co. Pension Plan's net assets available for benefits as of December 31, 2012, and changes therein for the year then ended and its financial status as of January 1, 2012, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Plan Year) and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

  
Hansen, Plahm & Company  
Darien, Illinois

September 24, 2013

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**At December 31, 2012 and 2011**

|                                       | <u>2012</u>                    | <u>2011</u>                    |
|---------------------------------------|--------------------------------|--------------------------------|
| <b><u>ASSETS</u></b>                  |                                |                                |
| <b>INVESTMENTS, AT FAIR VALUE:</b>    |                                |                                |
| William Blair Ready Reserves          | \$ 118,824                     | \$ 60,894                      |
| U.S. Government Agency Securities     | 4,959                          | 6,352                          |
| Common Stocks                         | 811,385                        | 686,336                        |
| Corporate Bonds                       | 170,675                        | 358,148                        |
| Mutual Funds                          | <u>173,002</u>                 | <u>77,225</u>                  |
| <br>TOTAL INVESTMENTS                 | <br>1,278,845                  | <br>1,188,955                  |
| <br><b>CASH</b>                       | <br>24,216                     | <br>17,804                     |
| <br><b>CONTRIBUTION RECEIVABLE</b>    | <br><u>50,000</u>              | <br><u>50,000</u>              |
| <br>NET ASSETS AVAILABLE FOR BENEFITS | <br><u><u>\$ 1,353,061</u></u> | <br><u><u>\$ 1,256,759</u></u> |

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007**

**STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS**

**For the Years Ended December 31, 2012 and 2011**

|                                                              | <u>2012</u>             | <u>2011</u>             |
|--------------------------------------------------------------|-------------------------|-------------------------|
| <b>ADDITIONS:</b>                                            |                         |                         |
| Investment Income:                                           |                         |                         |
| Interest and Dividend Income                                 | \$ 30,131               | \$ 30,688               |
| Capital Gain                                                 | 42,960                  | -                       |
| Net Appreciation (Depreciation) in Fair Value of Investments | 74,023                  | (23,208)                |
| Investment Fees                                              | <u>(7,206)</u>          | <u>(6,945)</u>          |
| <br>TOTAL INVESTMENT INCOME                                  | <br>139,908             | <br>535                 |
| <br>Employer Contribution                                    | <br><u>200,000</u>      | <br><u>200,000</u>      |
|                                                              | <u>339,908</u>          | <u>200,535</u>          |
| <b>DEDUCTIONS:</b>                                           |                         |                         |
| Benefit Payments                                             | 211,055                 | 320,119                 |
| Administrative Expenses                                      | <u>32,551</u>           | <u>20,603</u>           |
|                                                              | <u>243,606</u>          | <u>340,722</u>          |
| <br>INCREASE (DECREASE) IN ASSETS AVAILABLE<br>FOR BENEFITS  | <br>96,302              | <br>(140,187)           |
| <b>ASSETS AVAILABLE FOR BENEFITS:</b>                        |                         |                         |
| Beginning of Year                                            | <u>1,256,759</u>        | <u>1,396,946</u>        |
| <br>End of Year                                              | <br><u>\$ 1,353,061</u> | <br><u>\$ 1,256,759</u> |

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS**

**January 1, 2012 and 2011**

|                                                                   | <u>2012</u>             | <u>2011</u>             |
|-------------------------------------------------------------------|-------------------------|-------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS           |                         |                         |
| Vested benefits:                                                  |                         |                         |
| Participants currently receiving payments                         | \$ -                    | \$ -                    |
| Other participants                                                | <u>1,116,637</u>        | <u>1,201,833</u>        |
|                                                                   | 1,116,637               | 1,201,833               |
| Nonvested benefits                                                | <u>250,024</u>          | <u>311,437</u>          |
| <br>TOTAL ACTUARIAL PRESENT VALUE OF<br>ACCUMULATED PLAN BENEFITS | <br><u>\$ 1,366,661</u> | <br><u>\$ 1,513,270</u> |

TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended January 1, 2012

|                                                                              | <u>2012</u>                |
|------------------------------------------------------------------------------|----------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT BEGINNING OF YEAR | <u>\$ 1,513,270</u>        |
| Increase (decrease) during the year attributable to:                         |                            |
| Benefits accumulated                                                         | 76,190                     |
| Increase for interest due to the decrease in the<br>discount period          | 97,320                     |
| Benefits paid                                                                | <u>(320,119)</u>           |
| NET DECREASE                                                                 | <u>(146,609)</u>           |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT END OF YEAR       | <u><u>\$ 1,366,661</u></u> |

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**Years Ended December 31, 2012 and 2011**

**NOTE 1 - DESCRIPTION OF THE PLAN:**

The following is a brief description of the Transport Service Co. Pension Plan (the Plan), a defined-benefit plan for the employees of Transport Service Co. (the Company), which was originally established on December 27, 1977, and subsequently amended. Participants should refer to the Plan documents for more complete information.

In accordance with the provisions of the Plan, substantially all nonunion employees of the Company are eligible to participate in the Plan if they were twenty-one (21) years old and were hired prior to December 31, 2000. Effective December 31, 2000, the Company froze the benefits earned by Plan participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by a manager (the manager) appointed by the Company.

Contributions

The Plan provides that the Company shall contribute such amounts to the Plan as are deemed necessary, on an actuarial determined basis, to provide assets sufficient to meet the benefits to be paid to Plan participants, limited annually to the maximum amount that can be deducted for federal income tax purposes. The minimum funding standards established by ERISA have been met.

Vesting

A participant's accrued benefit vests according to the following schedule:

| <u>Vesting Years of Service</u> | <u>Vested Percentage</u> |
|---------------------------------|--------------------------|
| Less Than 5 Years               | 0%                       |
| 5 Years or More                 | 100%                     |

Vesting year of service means a Plan year during which an employee has 1,000 or more hours of service.

Payment of Benefits

Benefits accrued are based on credited service and 1/2% of compensation for each year of participation in the Plan. A participant's benefit shall be paid in the form of a qualified joint and survivor annuity unless the participant files a qualified waiver. If a participant's benefit is not paid in the form of a qualified joint and survivor annuity, the participant may, with the consent of the manager, elect to have the actuarial equivalent of such benefit paid in any other manner. Certain participant contributions may be withdrawn at any time, upon written request to the manager.

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS (CONT'D)**

**Years Ended December 31, 2012 and 2011**

**NOTE 1 - DESCRIPTION OF THE PLAN (CONT'D):**

Loans

Loans are available to all participants upon the consent of the manager. Participants may borrow up to their vested benefit balances and within the limits noted in the Internal Revenue Code (IRC). All loans would be interest bearing and have a term specified by the manager.

Plan Termination

The Company has terminated the Plan as of December 31, 2012. The participants' accrued benefits became fully vested as of this date. All distributions related to the plan termination are expected to be completed during 2013.

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:**

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Valuation of Investments

Investments are stated at fair value, which is determined by quoted market prices (See Note 5). Investment transactions are recorded on the trade date (date the order to buy or sell is executed). Interest and dividend income is recorded using the accrual method. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment Fees and Administrative Expenses

The Plan expenses are to be paid from Plan assets unless paid by the Company.

Contributions

Company contributions are accrued when the Company's Board of Directors authorizes payment. Participant rollover contributions may be made in accordance with Plan provisions, and are recorded when received.

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS (CONT'D)**

**Years Ended December 31, 2012 and 2011**

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONT'D):**

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the services employees have rendered to valuation date. Accumulated Plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of deceased employees, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Ronald Spitz & Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2012 were (a) life expectancy of participants optional static small plan combined table for 2012, (b) retirement age assumptions (the assumed average retirement age was 65, and (c) investment return. The 2012 and 2011 valuations included assumed average rates of return of 7%, respectively.

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS (CONT'D)**

**Years Ended December 31, 2012 and 2011**

**NOTE 3 - INVESTMENTS:**

The fair value of individual investments held that represent 5% or more of the Plan's net assets at December 31, 2012 and 2011 is as follows:

|                                                   | <u>2012</u>       | <u>2011</u>       |
|---------------------------------------------------|-------------------|-------------------|
| William Blair Ready Reserve<br>Money Market       | \$ 118,824        | \$ -              |
| Dodge and Cox International<br>Stock Fund         | 91,486            | 77,225            |
| Walmart Stores Inc., 5.000%,<br>due April 5, 2012 | -                 | 101,130           |
| Conoco Phillips, 4.750%,<br>due October 15, 2012  | -                 | 102,986           |
| Bank of America, 5.750%,<br>due August 15, 2016   | 109,353           | 92,872            |
| Fastenal Corp. Shares                             | <u>-</u>          | <u>69,776</u>     |
|                                                   | <u>\$ 319,663</u> | <u>\$ 443,989</u> |

The Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value for the years ended December 31, as follows:

|                                   | <u>2012</u>      | <u>2011</u>        |
|-----------------------------------|------------------|--------------------|
| U.S. Government Agency Securities | \$ (93)          | \$ (521)           |
| Common Stocks                     | 41,741           | 9,067              |
| Corporate Bonds                   | 11,599           | (14,667)           |
| Mutual Funds                      | <u>20,776</u>    | <u>(17,087)</u>    |
|                                   | <u>\$ 74,023</u> | <u>\$ (23,208)</u> |

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS (CONT'D)**

**Years Ended December 31, 2012 and 2011**

**NOTE 4 - FAIR VALUE MEASUREMENTS:**

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.

|                                 | <u>Fair Value</u>  | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> |
|---------------------------------|--------------------|--------------------|----------------|----------------|
| <b><u>December 31, 2012</u></b> |                    |                    |                |                |
| William Blair Ready Reserves    | \$ 118,824         | \$ 118,824         | \$ -           | \$ -           |
| U.S. Government Securities      | 4,959              | 4,959              | -              | -              |
| Common Stocks                   | 811,385            | 811,385            | -              | -              |
| Corporate Bonds                 | 170,675            | 170,675            | -              | -              |
| Mutual Funds                    | <u>173,002</u>     | <u>173,002</u>     | <u>-</u>       | <u>-</u>       |
| Total                           | <u>\$1,278,845</u> | <u>\$1,278,845</u> | <u>\$ -</u>    | <u>\$ -</u>    |

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. 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 or Level 2 inputs because they generally provide the most reliable evidence of fair value. 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 funds is based on quoted net asset values of the shares held by the Plan at year end.

*Level 2 Fair Value Measurements*

The fair value of funds investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs.

*Level 3 Fair Value Measurements*

Valuations are observed from unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

**TRANSPORT SERVICE CO.  
PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS (CONT'D)**

**Years Ended December 31, 2012 and 2011**

**NOTE 5 - INCOME TAX STATUS:**

The Internal Revenue Service ruled September 11, 1995, that the Plan qualified under Section 401(a) of the IRC and, therefore, the related trust is not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**NOTE 6 - RELATED PARTY TRANSACTIONS:**

The Plan invests in a money market fund managed by William Blair & Company who acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

**NOTE 7 - 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 the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 8 - SUBSEQUENT EVENTS:**

The plan sponsor has terminated the Plan as of December 31, 2012 as described in Note 1.

Subsequent events were evaluated through September 24, 2013, which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781      PLAN #007**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PLAN YEAR)**

**For the Year Ended December 31, 2012**

| a) | b) Identity of Issuer, Borrower,<br>or Similar Party   | c) Description of<br>Investment, Number<br>of Shares<br>or Principal Amount | d) Cost        | e) Current Value |
|----|--------------------------------------------------------|-----------------------------------------------------------------------------|----------------|------------------|
|    | <b>MONEY MARKET FUND:</b>                              |                                                                             |                |                  |
| *  | William Blair Ready Reserves Money<br>Market Portfolio | 118,824 Shs.                                                                | \$ 118,824     | \$ 118,824       |
|    | <b>U.S. GOVERNMENT AGENCY SECURITIES:</b>              |                                                                             |                |                  |
|    | FHR Series 191, 7.00%, Due 9/15/2021                   | 4,404 Shs.                                                                  | 4,538          | 4,959            |
|    | <b>COMMON STOCKS:</b>                                  |                                                                             |                |                  |
|    | Core Laboratories, Inc.                                | 100 Shs.                                                                    | 9,656          | 10,931           |
|    | Danaher Corp.                                          | 1,000 Shs.                                                                  | 15,660         | 55,900           |
|    | Discovery Communications, Inc.                         | 375 Shs.                                                                    | 14,685         | 23,805           |
|    | Fastenal Corp.                                         | 1,100 Shs.                                                                  | 8,117          | 51,315           |
|    | Freeport-McMoran Copper, Inc.                          | 300 Shs.                                                                    | 13,086         | 10,260           |
|    | Occidental Petroleum Corp.                             | 200 Shs.                                                                    | 16,630         | 15,322           |
|    | Schlumberger. Ltd.                                     | 300 Shs.                                                                    | 23,055         | 20,790           |
|    | Gilead Sciences, Inc.                                  | 600 Shs.                                                                    | 7,747          | 44,070           |
|    | Ebay, Inc.                                             | 650 Shs.                                                                    | 15,433         | 33,148           |
|    | Ecolab, Inc.                                           | 325 Shs.                                                                    | 15,649         | 23,367           |
|    | Jacobs Engineering Group, Inc.                         | 600 Shs.                                                                    | 22,370         | 25,542           |
|    | Polypore International, Inc.                           | 550 Shs.                                                                    | 20,218         | 25,575           |
|    | United Parcel Service, Inc.                            | 400 Shs.                                                                    | 19,492         | 29,492           |
|    | Yum! Brands, Inc.                                      | 275 Shs.                                                                    | 18,547         | 18,260           |
|    | Colgate - Palmolive Co.                                | 200 Shs.                                                                    | 20,980         | 20,908           |
|    | Mead Johnson Nutrition Co.                             | 250 Shs.                                                                    | 16,865         | 16,473           |
|    | McDonalds Corp.                                        | 400 Shs.                                                                    | 23,735         | 35,284           |
|    | Precision Castparts Corp                               | 200 Shs.                                                                    | 32,785         | 37,884           |
|    | National Oilwell Varco, Inc                            | 250 Shs.                                                                    | 17,406         | 17,087           |
|    | Citrix Systems, Inc.                                   | 575 Shs.                                                                    | 41,015         | 37,732           |
|    | Nike, Inc.                                             | 300 Shs.                                                                    | 11,600         | 15,480           |
|    | Cavium, Inc.                                           | 700 Shs.                                                                    | 19,737         | 21,847           |
|    | Celgene Corp.                                          | 800 Shs.                                                                    | 43,395         | 62,776           |
|    | Trimble Navigation, Ltd.                               | 375 Shs.                                                                    | 10,538         | 22,418           |
|    | Apple, Inc.                                            | 100 Shs.                                                                    | 18,712         | 53,217           |
|    | Praxair, Inc.                                          | 200 Shs.                                                                    | 6,961          | 21,890           |
|    | QualComm, Inc.                                         | 500 Shs.                                                                    | 22,946         | 30,930           |
|    | Suncor Energy, Inc.                                    | 900 Shs.                                                                    | 23,411         | 29,682           |
|    | <b>TOTAL COMMON STOCKS</b>                             |                                                                             | <b>530,431</b> | <b>811,385</b>   |

\*Denotes a Party-In-Interest as defined by ERISA.

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781      PLAN #007**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PLAN YEAR)**

**For the Year Ended December 31, 2012**

| a) | b) Identity of Issuer, Borrower,<br>or Similar Party | c) Description of<br>Investment, Number<br>of Shares<br>or Principal Amount | d) Cost           | e) Current Value    |
|----|------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|---------------------|
|    | <b>CORPORATE BONDS:</b>                              |                                                                             |                   |                     |
|    | Kimberly Clark Corp., 6.125%, Due 8/1/2017           | \$50,000 note                                                               | \$ 49,054         | \$ 61,322           |
|    | Bank of America Corp., 5.75%, Due 8/15/2016          | \$100,000 note                                                              | <u>103,653</u>    | <u>109,353</u>      |
|    | TOTAL CORPORATE BONDS                                |                                                                             | 152,707           | 170,675             |
|    | <b>MUTUAL FUNDS:</b>                                 |                                                                             |                   |                     |
|    | William Blair Macro Allocation Fund Class I          | 2,256 Shs.                                                                  | 25,000            | 25,609              |
|    | Dodge and Cox International Stock Fund               | 2,641 Shs.                                                                  | 62,488            | 91,486              |
|    | Templeton Global Total Return                        | 4,102 Shs.                                                                  | <u>50,000</u>     | <u>55,907</u>       |
|    |                                                      |                                                                             | 137,488           | 173,002             |
|    | TOTAL INVESTMENTS                                    |                                                                             | <u>\$ 943,988</u> | <u>\$ 1,278,845</u> |

TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2012

| Description of Assets                                                      | Number of Transactions | Purchase Price | Selling Price | Total Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|----------------------------------------------------------------------------|------------------------|----------------|---------------|---------------------|--------------------------------------------|-----------------|
|                                                                            |                        |                |               |                     |                                            |                 |
| CATEGORY (i) - INDIVIDUAL TRANSACTIONS<br>IN EXCESS OF 5% OF PLAN ASSETS:  |                        |                |               |                     |                                            |                 |
| William Blair Ready Reserves Money Market Portfolio*                       | 2                      | \$ 200,083     | \$ -          | \$ 200,083          | \$ 200,083                                 | \$ -            |
| CATEGORY (iii) - SERIES OF TRANSACTIONS<br>IN EXCESS OF 5% OF PLAN ASSETS: |                        |                |               |                     |                                            |                 |
| William Blair Ready Reserves Money Market Portfolio*                       | 18                     | \$ -           | \$ 294,804    | \$ 294,804          | \$ 294,804                                 | \$ -            |
|                                                                            | 81                     | 312,296        | -             | 312,296             | 312,296                                    | -               |

There were no category (ii) or (iv) reportable transactions during 2012

*Note: The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sales and are not separately identified by the trustees.*

\* Denotes Party-in-interest transaction.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2012****This Form is Open to Public  
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

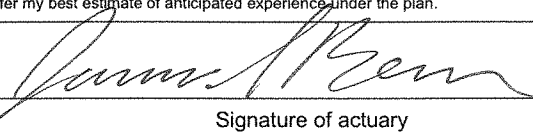
|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST                                                                 | <b>B</b> Three-digit plan number (PN) ►<br><br>007                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>TRANSPORT SERVICE CO.                                     | <b>D</b> Employer Identification Number (EIN)<br><br>36-2068781                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>                                                                                                                                |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 1,256,338          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 1,256,338          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                    | <b>3a</b>                  | 0                  |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              | <b>3b</b>                  | 266,810            |
| <b>c</b> For active participants:                                                                                                                                                                              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                  | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                      | <b>3c(2)</b>               | 1,142,614          |
| (3) Total active .....                                                                                                                                                                                         | <b>3c(3)</b>               | 1,142,614          |
| <b>d</b> Total .....                                                                                                                                                                                           | <b>3d</b>                  | 1,409,424          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | 7.01 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b>                   | 0                  |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

JAMES S. BARR, A.S.A., E.A.

Type or print name of actuary

RONALD SPITZ &amp; ASSOCIATES, INC.

Firm name

1300 JEFFERSON ST. SUITE 103

DES PLAINES

IL 60016-7100

Address of the firm

09/27/2013

Date

11-04632

Most recent enrollment number

(847) 375-9680

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012  
v. 120126

**Schedule SB, line 22**  
**Description of Weighted Average Retirement Age**

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The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded up to the next full age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**TRANSPORT SERVICE CO.  
PENSION PLAN AND TRUST**

**DISTRIBUTION OF ACTIVE PLAN PARTICIPANTS  
BY AGE AND SERVICE AS OF JANUARY 1, 2012**

| Attained<br>Age | Years of Credited Service |       |       |       |       |     |       |
|-----------------|---------------------------|-------|-------|-------|-------|-----|-------|
|                 | 0-9                       | 10-14 | 15-19 | 20-24 | 25-29 | 30+ | TOTAL |
| Under 25        |                           |       |       |       |       |     |       |
| 25-29           |                           |       |       |       |       |     |       |
| 30-34           |                           |       |       |       |       |     |       |
| 35-39           |                           |       | 1     |       |       |     | 1     |
| 40-44           |                           |       | 2     |       |       |     | 2     |
| 45-49           |                           | 3     | 8     | 1     |       |     | 12    |
| 50-54           |                           | 5     | 11    | 3     | 2     |     | 21    |
| 55-59           |                           | 9     | 6     | 2     | 1     |     | 18    |
| 60-64           |                           | 2     | 11    | 4     | 5     |     | 22    |
| 65-69           |                           | 2     | 2     | 4     | 1     | 1   | 10    |
| 70+             |                           | 1     | 2     | 1     |       |     | 4     |
| <b>TOTAL</b>    |                           | 22    | 43    | 15    | 9     | 1   | 90    |

Average Age = 56.9 years

Average Vesting Service = 17.9 years

**TRANSPORT SERVICE CO.  
PENSION PLAN AND TRUST**

**SCHEDULE OF SHORTFALL AMORTIZATION BASES  
MINIMUM FUNDING STANDARD ACCOUNT**

| <u>Charge<br/>Item</u> | <u>Amortization<br/>Begins</u> | <u>Period<br/>Length</u> | <u>Initial<br/>Amount</u> | <u>Annual<br/>Charge</u> | <u>Unamortized<br/>Balance<br/>1/01/12</u> |
|------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|--------------------------------------------|
| Funding<br>Shortfall   | 1/1/08                         | 7 Years                  | \$1,035,641               | \$173,175                | \$492,731                                  |
| Funding<br>Shortfall   | 1/1/09                         | 7 Years                  | (271,430)                 | (45,706)                 | (168,926)                                  |
| Funding<br>Shortfall   | 1/1/10                         | 7 Years                  | (97,431)                  | (16,283)                 | (73,305)                                   |
| Funding<br>Shortfall   | 1/1/11                         | 7 Years                  | 174,684                   | 28,228                   | 147,348                                    |
| Funding<br>Shortfall   | 1/1/12                         | 7 Years                  | (244,762)*                | (41,542)                 | (244,762)                                  |
| TOTAL:                 |                                |                          |                           | <u>\$97,872</u>          | <u>\$153,086</u>                           |

\* For 2012, this amount is the excess of 100% of the funding target over the assets adjusted by the carryover balance, less the unamortized balance of prior year shortfall bases.

**TRANSPORT SERVICE CO.  
PENSION PLAN AND TRUST**

**ACTUARIAL ASSUMPTIONS AND METHODS**

|                                   |                                                                                                                                                                                                 |                                        |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Valuation Date:                   | January 1, 2012                                                                                                                                                                                 |                                        |
| Section 430 Funding Rates:        |                                                                                                                                                                                                 |                                        |
| Full Yield Curve:                 | Not Elected                                                                                                                                                                                     |                                        |
| Funding 24 Month Segmented Rates: | Elected                                                                                                                                                                                         |                                        |
| Applicable Month                  | Current Month of Actuarial Valuation Date                                                                                                                                                       |                                        |
| Segmented Interest Rates:         |                                                                                                                                                                                                 |                                        |
|                                   | MAP-21<br>25 Year Average<br><u>Section 430</u>                                                                                                                                                 | 24 Month Average<br><u>Section 404</u> |
| Segment 1:                        | 5.54%                                                                                                                                                                                           | 1.99%                                  |
| Segment 2:                        | 6.85%                                                                                                                                                                                           | 5.12%                                  |
| Segment 3:                        | 7.52%                                                                                                                                                                                           | 6.24                                   |
| Mortality Table:                  | Optional static small plan<br>Combined table for 2012<br>(IRS Notice 2008-85)                                                                                                                   |                                        |
| Turnover:                         | None                                                                                                                                                                                            |                                        |
| Salary Scale:                     | None                                                                                                                                                                                            |                                        |
| Valuation Compensation:           | Compensation as reported for previous<br>Plan Year.                                                                                                                                             |                                        |
| Retirement Age:                   | Age 65 or current age if older.                                                                                                                                                                 |                                        |
| Actuarial Asset Basis:            | Market Value                                                                                                                                                                                    |                                        |
| Actuarial Cost Method:            | PPA 06 required funding method under<br>IRC Section 430 (similar to unit credit)                                                                                                                |                                        |
| Limitations on Benefits:          | The anticipated benefits provided to any<br>participant under the plan are assumed not<br>to exceed the limitations as set forth in IRC<br>Section 415 as they apply for the valuation<br>year. |                                        |

**TRANSPORT SERVICE CO.**  
**PENSION PLAN AND TRUST**

**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

|                           |                                                                                                                                                                                                                                                                             |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility Requirements: | All employees of the Employer who have attained the age of 21 and have completed 12 months of employment with 1,000 or more hours of service.<br><br>The Employer is Transport Service Co.                                                                                  |
| Entry Date:               | The June 30th or December 31st following completion of the eligibility requirements. Beginning January 1, 1989, the entry dates are January 1st and July 1st of each Plan Year. Effective December 31, 2000, no employees shall become eligible to participate in the plan. |
| Effective Date:           | January 1, 1977                                                                                                                                                                                                                                                             |
| Restatement Date:         | December 30, 1994                                                                                                                                                                                                                                                           |
| Latest Amendment Date:    | January 1, 1995                                                                                                                                                                                                                                                             |
| Plan Year:                | The Plan Year is the period January 1st through December 31st of each year.                                                                                                                                                                                                 |
| Compensation Considered:  | All compensation paid for the calendar year as salary and wages including bonuses, overtime, commissions, etc.                                                                                                                                                              |
| Normal Retirement Date:   | The date on which a participant attains the age of 65 and completes 5 years of participation.                                                                                                                                                                               |
| Service Considered:       | For purposes of:<br><br>Eligibility - all years of employment through December 31, 2000<br><br>Vesting - all years of employment<br><br>Accrual - all years of participation through December 31, 2000                                                                      |

**TRANSPORT SERVICE CO.  
PENSION PLAN AND TRUST**

**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement Benefit:    | The participant's Accrued Benefit commencing at his Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Accrued Benefit:              | <p>An amount equal to the sum of:</p> <ol style="list-style-type: none"><li>1. the Accrued Benefit as of December 31, 1988 under the terms of the plan in effect prior to the adoption of the first amendment to the restatement of the plan.</li><li>2. 1/2% of Average Monthly Compensation multiplied by years of participation to December 31, 1988, never greater than 18 years.</li><li>3. 1% of Monthly Compensation for each Plan Year with a year of participation from January 1, 1989 through December 31, 1994.</li><li>4. 1/2% of Monthly Compensation for each Plan Year of participation from January 1, 1995 through December 31, 2000.</li></ol> <p>Average Monthly Compensation is the monthly average of a participant's considered compensation over the 5 highest consecutive Plan Years of service ending on or before December 31, 1988.</p> |
| Early Retirement Benefit:     | The Accrued Benefit reduced actuarially for each month the benefit commencement precedes the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pre-Retirement Death Benefit: | The Accrued Benefit reduced actuarially for the period between the date of death and Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Disability Benefit:           | The Accrued Benefit reduced actuarially for the period between the date of disability and Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**TRANSPORT SERVICE CO.  
PENSION PLAN AND TRUST**

**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

Termination Benefit: For termination other than for retirement, death or disability, the Accrued Benefit is payable at Normal Retirement Date or an actuarially equivalent amount if payable earlier times the vesting percentage. The vesting percentage is as follows:

| <u>Completed Years of<br/>Considered Service</u> | <u>Vesting<br/>Percentage</u> |
|--------------------------------------------------|-------------------------------|
| Less than 5                                      | 0 %                           |
| 5 or more                                        | 100 %                         |

Form of Payment: The unreduced form of payment is a life annuity with 120 monthly payments guaranteed in the amount of their Normal Retirement Benefit.

Married employees receive a qualified joint and 50% surviving spouse annuity which is actuarially equivalent to the unreduced form.

Other forms of payment are available.

Top-Heavy Provisions:

Eligibility: All "non-key" employees for Plan Years in which the plan is considered top-heavy.

Minimum Benefit: 2% of average monthly earnings (based on top-heavy years) times Plan Years of top-heavy service, maximum 10 years.

Vesting: 20% vested at 2 years of service plus 20% a year for the next 4 years. (All years of credited service is included in determining the vesting percentage).

Actuarial Equivalent: Interest - 7%  
Mortality - 1983 Group Annuity Mortality Table (males set back 2 years)

**TRANSPORT SERVICE CO.**  
**PENSION PLAN AND TRUST**

**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

Minimum Present Value Lump Sums 417(e):

Applicable Month 1<sup>st</sup> month prior to beginning of plan year.

Segmented Interest Rates:

|            |       |
|------------|-------|
| Segment 1: | 2.07% |
| Segment 2: | 4.45% |
| Segment 3: | 5.24% |

Mortality Table: RP-2000 projected to 2012  
(IRS Notice 2008-85)

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781      PLAN #007**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PLAN YEAR)**

**For the Year Ended December 31, 2012**

| a) | b) Identity of Issuer, Borrower,<br>or Similar Party   | c) Description of<br>Investment, Number<br>of Shares<br>or Principal Amount | d) Cost        | e) Current Value |
|----|--------------------------------------------------------|-----------------------------------------------------------------------------|----------------|------------------|
|    | <b>MONEY MARKET FUND:</b>                              |                                                                             |                |                  |
| *  | William Blair Ready Reserves Money<br>Market Portfolio | 118,824 Shs.                                                                | \$ 118,824     | \$ 118,824       |
|    | <b>U.S. GOVERNMENT AGENCY SECURITIES:</b>              |                                                                             |                |                  |
|    | FHR Series 191, 7.00%, Due 9/15/2021                   | 4,404 Shs.                                                                  | 4,538          | 4,959            |
|    | <b>COMMON STOCKS:</b>                                  |                                                                             |                |                  |
|    | Core Laboratories, Inc.                                | 100 Shs.                                                                    | 9,656          | 10,931           |
|    | Danaher Corp.                                          | 1,000 Shs.                                                                  | 15,660         | 55,900           |
|    | Discovery Communications, Inc.                         | 375 Shs.                                                                    | 14,685         | 23,805           |
|    | Fastenal Corp.                                         | 1,100 Shs.                                                                  | 8,117          | 51,315           |
|    | Freeport-McMoran Copper, Inc.                          | 300 Shs.                                                                    | 13,086         | 10,260           |
|    | Occidental Petroleum Corp.                             | 200 Shs.                                                                    | 16,630         | 15,322           |
|    | Schlumberger. Ltd.                                     | 300 Shs.                                                                    | 23,055         | 20,790           |
|    | Gilead Sciences, Inc.                                  | 600 Shs.                                                                    | 7,747          | 44,070           |
|    | Ebay, Inc.                                             | 650 Shs.                                                                    | 15,433         | 33,148           |
|    | Ecolab, Inc.                                           | 325 Shs.                                                                    | 15,649         | 23,367           |
|    | Jacobs Engineering Group, Inc.                         | 600 Shs.                                                                    | 22,370         | 25,542           |
|    | Polypore International, Inc.                           | 550 Shs.                                                                    | 20,218         | 25,575           |
|    | United Parcel Service, Inc.                            | 400 Shs.                                                                    | 19,492         | 29,492           |
|    | Yum! Brands, Inc.                                      | 275 Shs.                                                                    | 18,547         | 18,260           |
|    | Colgate - Palmolive Co.                                | 200 Shs.                                                                    | 20,980         | 20,908           |
|    | Mead Johnson Nutrition Co.                             | 250 Shs.                                                                    | 16,865         | 16,473           |
|    | McDonalds Corp.                                        | 400 Shs.                                                                    | 23,735         | 35,284           |
|    | Precision Castparts Corp                               | 200 Shs.                                                                    | 32,785         | 37,884           |
|    | National Oilwell Varco, Inc                            | 250 Shs.                                                                    | 17,406         | 17,087           |
|    | Citrix Systems, Inc.                                   | 575 Shs.                                                                    | 41,015         | 37,732           |
|    | Nike, Inc.                                             | 300 Shs.                                                                    | 11,600         | 15,480           |
|    | Cavium, Inc.                                           | 700 Shs.                                                                    | 19,737         | 21,847           |
|    | Celgene Corp.                                          | 800 Shs.                                                                    | 43,395         | 62,776           |
|    | Trimble Navigation, Ltd.                               | 375 Shs.                                                                    | 10,538         | 22,418           |
|    | Apple, Inc.                                            | 100 Shs.                                                                    | 18,712         | 53,217           |
|    | Praxair, Inc.                                          | 200 Shs.                                                                    | 6,961          | 21,890           |
|    | QualComm, Inc.                                         | 500 Shs.                                                                    | 22,946         | 30,930           |
|    | Suncor Energy, Inc.                                    | 900 Shs.                                                                    | 23,411         | 29,682           |
|    | <b>TOTAL COMMON STOCKS</b>                             |                                                                             | <b>530,431</b> | <b>811,385</b>   |

\*Denotes a Party-In-Interest as defined by ERISA.

**TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781      PLAN #007**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PLAN YEAR)**

**For the Year Ended December 31, 2012**

| a) | b) Identity of Issuer, Borrower,<br>or Similar Party | c) Description of<br>Investment, Number<br>of Shares<br>or Principal Amount | d) Cost           | e) Current Value    |
|----|------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|---------------------|
|    | <b>CORPORATE BONDS:</b>                              |                                                                             |                   |                     |
|    | Kimberly Clark Corp., 6.125%, Due 8/1/2017           | \$50,000 note                                                               | \$ 49,054         | \$ 61,322           |
|    | Bank of America Corp., 5.75%, Due 8/15/2016          | \$100,000 note                                                              | <u>103,653</u>    | <u>109,353</u>      |
|    | TOTAL CORPORATE BONDS                                |                                                                             | 152,707           | 170,675             |
|    | <b>MUTUAL FUNDS:</b>                                 |                                                                             |                   |                     |
|    | William Blair Macro Allocation Fund Class I          | 2,256 Shs.                                                                  | 25,000            | 25,609              |
|    | Dodge and Cox International Stock Fund               | 2,641 Shs.                                                                  | 62,488            | 91,486              |
|    | Templeton Global Total Return                        | 4,102 Shs.                                                                  | <u>50,000</u>     | <u>55,907</u>       |
|    |                                                      |                                                                             | 137,488           | 173,002             |
|    | TOTAL INVESTMENTS                                    |                                                                             | <u>\$ 943,988</u> | <u>\$ 1,278,845</u> |

TRANSPORT SERVICE CO.  
PENSION PLAN  
EIN: 36-2068781 PLAN #007

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2012

| Description of Assets                                                      | Number of Transactions | Purchase Price | Selling Price | Total Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|----------------------------------------------------------------------------|------------------------|----------------|---------------|---------------------|--------------------------------------------|-----------------|
| CATEGORY (i) - INDIVIDUAL TRANSACTIONS<br>IN EXCESS OF 5% OF PLAN ASSETS:  |                        |                |               |                     |                                            |                 |
| William Blair Ready Reserves Money Market Portfolio*                       | 2                      | \$ 200,083     | \$ -          | 200,083             | 200,083                                    | \$ -            |
| CATEGORY (iii) - SERIES OF TRANSACTIONS<br>IN EXCESS OF 5% OF PLAN ASSETS: |                        |                |               |                     |                                            |                 |
| William Blair Ready Reserves Money Market Portfolio*                       | 18                     | \$ -           | \$ 294,804    | 294,804             | 294,804                                    | \$ -            |
|                                                                            | 81                     | 312,296        | -             | 312,296             | 312,296                                    | -               |

There were no category (ii) or (iv) reportable transactions during 2012

*Note: The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sales and are not separately identified by the trustees.*

\* Denotes Party-in-interest transaction.