Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1995

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

PRITCHETT TRUCKING, INC.

1050 S.E. 6TH ST
LAKE BUTLER, FL 32054

2b Employer Identification Number (EIN)
59-2129001

2c Sponsor's telephone number
904-354-3721

2d Business code (see instructions)
484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	LINDA WILLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

PRITCHETT TRUCKING, INC/NEXTRAN CORPORATION

1986 W. BEAVER ST
JACKSONVILLE, FL 32209

3b Administrator's EIN 59-3139839

3c Administrator's telephone number 904-354-3721

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	967
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1135
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1197
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1197
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	625
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2129001

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PORTNOY CPA

59-3148247

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 72	RECORDKEEPER	7050	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2129001

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3868124-001	C	5252057

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2129001

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	200	350
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	220	3132
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1095886	1209294
(9) Value of interest in common/collective trusts	1c(9)	5037827	5252057
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15546714	18235454
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21680847	24700287
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21680847	24700287

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	243440	
	(B) Participants	2a(1)(B)	1609452	
	(C) Others (including rollovers)	2a(1)(C)	119443	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1972335
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	33886	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33886
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1053504	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1053504
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		51954
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		2288832
c Other income	2c		-16051
d Total income. Add all **income** amounts in column (b) and enter total	2d		5384460

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2283994	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2283994
f Corrective distributions (see instructions)	2f		58066
g Certain deemed distributions of participant loans (see instructions)	2g		28756
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	-5796	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		-5796
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2365020

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		3019440
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PORTNOY CPA **(2)** EIN: 59-3148247

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2129001

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete 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):

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

A REPORT ON THE EXAMINATION OF FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

YEAR ENDED DECEMBER 31, 2013

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Trustees and Administrator of the
Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan

We were engaged to audit the statements of net assets available for benefits of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, the supplementary schedules of assets held for investment purposes as of December 31, 2013 and 2012, the supplementary schedules of reportable transactions, party-in-interest transactions, nonexempt transactions and leases and obligations in default for the year ended December 31, 2013. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America, N.A. for the year ended December 31, 2013, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from Bank of America, N.A. for the twelve months ended December 31, 2013, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

PORTNOY CPA

September 9, 2014

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	December 31, 2013	December 31, 2012
Assets		
Cash and Money Market accounts	$ 3,480	$ 420
Investments at fair value		
Participant directed investments	23,487,513	20,584,541
Participant loans	1,209,294	1,095,886
Receivables		
Employers' contributions	872	441
Participants' contributions	11,755	2,750
Total Assets	24,712,914	21,684,038
Liabilities		
Corrective distributions payable	47,394	58,066
Net Assets Available for Benefits	$ 24,665,520	$ 21,625,972

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2013

Additions to Net Assets Attributed to:	
Investment Activity:	
Interest and dividends	$ 1,139,344
Other income	17,293
Net investment gain, registered investment companies	2,288,832
Total Investment Activity	3,445,469
Contributions	
Employers	241,408
Participants	1,600,272
Rollovers	119,443
Total Contributions	1,961,123
Total Additions	5,406,592
Deductions from Net Assets Attributed to:	
Benefits paid to participants	2,360,144
Other expenses and forfeitures	6,900
Total Deductions	2,367,044
Net Increase	3,039,548
Net Assets Available for Benefits	
Beginning of year	21,625,972
End of year	$ 24,665,520

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan is a defined contribution plan covering all full time employees of the participating Employers who have at least six months of service. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA).

Participating Employers
The following Employers have adopted the provisions of the Plan:

New River Developers, Inc.
Nextran Corporation
Pritchett, Inc.
Pritchett Trucking, Inc.

Contributions
Each year, participants may contribute a portion of their pre-tax annual compensation, as determined and defined by the Plan. The Employers contributed 25% of the first 4% of base compensation that an employee contributed to the Plan for the year ended 2013. All Employer contributions are discretionary. All Employer contributions are invested at the discretion of each individual participant of the Plan. Contributions are subject to certain limitations.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Employers contributions and, (b) Plan earnings, and charged with an allocation of fund expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employers' contribution plus actual earnings thereon is based on years of continuous service. A participant is fully vested after five years of credited service.

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loan terms range from one to fifteen years. The loans are secured by the balance in the participant's account and bear interest at prime. Principal and interest is paid ratably through payroll deductions.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

1. Description of the Plan (Continued):

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, or one of several annuity installments.

Forfeited Accounts
At December 31, 2013, forfeited, non-vested accounts totaled $25,858. These accounts will be used to reduce future Employer contributions under the Plan.

2. Summary of Significant Accounting Policies:

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

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

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, other than Guaranteed Investment Contracts (GIC), which are stated at contract value as the GIC's are fully benefit-responsive. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Participant loans are valued at their outstanding balances, which approximate fair value.

Payment of Benefits
Benefits are recorded when paid.

3. Investments:

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

	December 31, 2013	December 31, 2012
Blackrock Global Allocation Fund	$ 1,937,979	$ 1,835,729
Oppenheimer Developing Markets Fund	1,313,271	1,345,140
Invesco Stable Value Ret CL 4	5,190,409	4,978,074
JP Morgan US Equity Fund	3,271,994	2,789,655

4. Information Prepared and Certified By Trustees:

In 2010, the Plan entered into an investment contract with Bank of America, N.A. Bank of America, N.A. maintains investments in separate participant accounts from selected registered investment companies. These accounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and fund expenses. A summary of transactions certified by the Trustee trust company (prepared on the cash method) included in the financial statements as of December 31, 2013 and 2012 and for the year ended December 31, 2013 is as follows:

Net Assets Available for Benefits:	December 31, 2013	December 31, 2012
Cash and Money Market accounts	$ 3,261	$ 420
Investments at fair value:		
Participant directed investments:		
Common/Collective Trusts:		
Invesco Stable Value Ret CL 4	61,649	59,754
Invesco Stable Value Ret GM CL 4	5,190,409	4,978,074
Mutual Funds:		
Alliance NFJ Sm-Cap Val A	833,396	639,073
Alliance NFJ Sm-Cap Val A GM	263,093	176,781
Blackrock Equity Dividend A	1,140,998	932,874
Blackrock Equity Dividend A GM	748,612	515,334
Blackrock Global Allocation Fund	1,937,979	1,835,729
Columbia Seligman Comm Fd A	814,197	814,838
Delaware Investment Dividend, Inc. CL A	401,793	464,918
Delaware Investment Dividend, Inc. GM	729,122	636,972
Federated Fund for US Government Secs	874,509	947,928
Federated Fund for US Government Secs GM	616,642	556,074
Goldman Sachs Mid Cap Val A	617,037	432,108
Goldman Sachs Mid Cap Val A GM	401,628	273,655
Ivy High Income Fd CL Y	255,877	188,642
JP Morgan Dividend Mid Cap GR A	374,602	470,857
JP Morgan Dividend Mid Cap GR A GM	251,167	169,289
JP Morgan US Equity Fd CL A	3,271,994	2,789,655
JP Morgan US Equity Fd A GM	535,884	366,092
Lord Abbett Dev Growth Fd CL A	603,999	401,590
Lord Abbett Dev Grw CL A GM	158,031	103,455
MFS International Grth Fd CL A	15,528	11,734
MFS International Value Fd A	44,400	33,040
Oppenheimer Developing Markets Fund CL A	1,313,271	1,345,140
Oppenheimer Global Fund	730,936	555,514
Oppenheimer Global Fund GM	1,114,384	743,443
Templeton Global Bond Fd CL A	131,127	75,177
Van Eck Global Hard Assets	55,249	66,801
Participant loans	1,209,294	1,095,886
Total Net Assets Available for Benefits	$ 24,700,068	$ 21,680,847

4. Information Prepared And Certified By Trustees (continued):

	Year Ended December 31, 2013
Changes in Net Assets Available for Benefits:	
Additions (Subtractions):	
Participant contributions:	$ 1,728,895
Employer contributions	243,440
Net investment gain, registered investment companies	2,288,832
Benefits paid to participants	(2,353,474)
Interest income	33,886
Dividend income	1,105,458
Plan expenses and other fees	(37,722)
Other income	10,125
Net increase in assets available for benefits	$ 3,019,440

5. Administration:

Certain administrative functions are performed by officers or employees of the participating Employers. No such officers or employees receive compensation from the Plan.

6. Income Tax Status:

The Plan is designed to constitute a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore considered to be exempt from Federal income taxes under the provision of Section 501(a). The administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

7. Plan Termination:

Although the participating employers have not expressed any intent to do so, they have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

8. Plan Administrative Expenses:

The Plan paid all administrative expenses of the Plan during the year ended December 31, 2013.

9. Participant Directed Investments:

Upon enrollment in the Plan a participant may direct employee contributions to be invested in participant directed accounts. That is, the individual participant decides how those funds are allocated among various investments. At December 31, 2013 all participant directed funds were held in registered investment companies administered by Bank of America, N.A.

10. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements (prepared on the accrual method) for the years ended December 31, 2013 and 2012 to Form 5500 (prepared on the cash method):

	December 31, 2013	December 31, 2012
Net assets available for benefits per the financial statements	$ 24,665,520	$ 21,625,972
Contributions receivable	(12,627)	(3,191)
Corrective distributions and forfeitures	47,394	58,066
Net assets available for benefits per Form 5500	$ 24,700,287	$ 21,680,847

The following is a reconciliation of changes in net assets available for benefits per the financial statements (prepared on the accrual method) for the year ended December 31, 2013 to Form 5500 (prepared on the cash method):

	December 31, 2013
Changes in net assets available for benefits	$ 3,039,548
Contributions for the year ended December 31, 2012	3,191
Contributions for the year ended December 31, 2013	(12,627)
Corrective distributions, forfeitures, benefits and expenses for the year ended December 31, 2013	(10,672)
Changes in net assets available for benefits per Form 5500	$ 3,019,440

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2013 AND 2012

	Fair Value December 31, 2013	Fair Value December 31, 2012
Participant Directed Investments:		
Alliance NFJ:		
Alliance NFJ Sm-Cap	$ 1,096,489	$ 815,854
Franklin Templeton Investment:		
Templeton Global Bond Fund	131,127	75,177
Goldman Sachs:		
Goldman Sachs Mid Cap Value	1,018,665	705,763
Ivy Funds:		
Ivy High Income Fund CL Y	255,877	188,642
JP Morgan Investment Management, Inc.:		
JP Morgan Diversified Mid Cap Val	625,769	640,146
JP Morgan US Equity Fund	3,807,878	3,155,747
Lincoln Financial Group:		
Delaware Investment Dividend, Inc.	1,130,915	1,101,890
Lord Abbett:		
Lord Abbett Dev Growth	762,030	505,045
Merrill, Lynch, Pierce, Fenner & Smith Incorporated:		
Blackrock Equity Dividend Fund	1,889,610	1,448,208
Blackrock Global Allocation Fund	1,937,979	1,835,729
Federated Fund for US Government	1,491,151	1,504,002
MFS Funds:		
MFS International Value Fund A	44,400	33,040
MFS International Growth Fund	15,528	11,734
Oppenheimer Holdings, Inc.:		
Oppenheimer Developing Markets Fund	1,313,271	1,345,140
Oppenheimer Global Fund	1,845,320	1,298,957
Columbia Funds:		
Columbia Seligman Communications Fund CL A	814,197	814,838
Van Eck Associates Corp:		
Van Eck Global Hard Assets	55,249	66,801
Common/Collective Trusts:		
Invesco Stable Value Ret	5,252,058	5,037,828
	$ 23,487,513	$ 20,584,541

READ ACCOMPANYING REPORT OF
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END (Continued)
DECEMBER 31, 2013 AND 2012

	Interest Rate	Maturity Date	Fair Value 12/31/13	Fair Value 12/31/12
Participant Loans:				
(Secured by vested benefit)	Prime Rate	Various	$ 1,209,294	$1,095,886

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF REPORTABLE TRANSACTIONS,
PARTY-IN-INTEREST TRANSACTIONS, NONEXEMPT TRANSACTIONS,
AND LEASES AND OBLIGATIONS IN DEFAULT
YEAR ENDED DECEMBER 31, 2013

Reportable Transactions:

The Plan had no reportable transactions during the year ended December 31, 2013.

Party-in-interest transactions:

The Plan had no reportable party-in-interest transactions during the year ended December 31, 2013.

Nonexempt transactions:

The Plan had no reportable nonexempt transactions during the year ended December 31, 2013.

Leases and obligations in default:

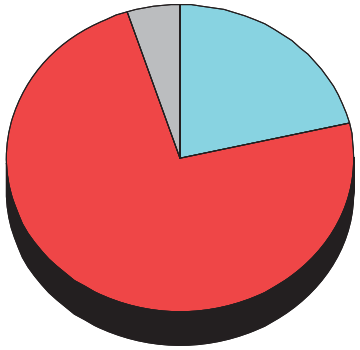
The Plan had no reportable leases and obligations in default during the year ended December 31, 2013.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

PRITCHETT TRUCKING, INC./NEXTRAN
CORPORATION 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 0.01% MONEY MARKET
- 73.83% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.00% ACCRUED INCOME
- 21.26% COMMON / COLLECTIVE TRUSTS
- 4.90% LOANS
- 0.00% UNINVESTED CASH

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
MONEY MARKET					
BIF MONEY FUND		1.000	2,912.15	2,912.15	0.01%
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE RET CL 4	5,190,408.4200	1.000	5,190,408.43	5,190,408.42	21.01%
INVESCO STABLE VAL RET GM CL 4	61,648.8500	1.000	61,648.88	61,648.85	0.25%
TOTAL COMMON / COLLECTIVE TRUSTS			5,252,057.31	5,252,057.27	21.26%
MUTUAL FUNDS					
JPMORGAN DIV MID CAP GR A	14,788.8771	25.330	308,737.98	374,602.26	1.52%
JPMORGAN DIV MID CAP GR A GM	9,915.7875	25.330	213,264.99	251,166.90	1.02%
JP MORGAN US EQUITY FD CL A	232,551.1219	14.070	2,608,003.48	3,271,994.29	13.25%
JP MORGAN US EQTY FD A GM	38,086.9588	14.070	449,872.20	535,883.51	2.17%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
DELAWARE INVSTMNT DIV INC CL A	45,196.0692	8.890	417,217.16	401,793.06	1.63%
DELAWARE INVST DIV INC CL A GM	82,015.9822	8.890	743,861.81	729,122.08	2.95%
IVY HIGH INCOME FD CL Y	29,615.3499	8.640	251,824.24	255,876.62	1.04%
BLACKROCK GLOBAL ALLOC A	90,856.9699	21.330	1,591,285.17	1,937,979.17	7.85%
BLACKROCK EQ DIVIDEND A	46,993.3138	24.280	854,704.21	1,140,997.66	4.62%
BLACKROCK EQ DIVIDEND A GM	30,832.4474	24.280	593,465.21	748,611.82	3.03%
VAN ECK GLOBAL HARD ASSETS	1,143.6293	48.310	53,789.36	55,248.73	0.22%
MFS INTERNATIONAL GRTH FD CL A	551.6152	28.150	13,443.98	15,527.97	0.06%
MFS INTERNATIONAL VALUE FD A	1,316.7343	33.720	35,868.93	44,400.28	0.18%
OPPENHEIMER DEV MKTS FD CL A	34,541.5896	38.020	1,017,096.49	1,313,271.24	5.32%
ALLIANZGI NFJ SMALL-CAP VAL A	25,132.5759	33.160	627,107.94	833,396.22	3.37%
ALLIANZGI NFJ SML-CP VAL A GM	7,934.0503	33.160	223,696.22	263,093.11	1.07%
GOLDMAN SACHS MID CAP VAL A	13,998.1061	44.080	501,741.11	617,036.52	2.50%
GOLDMAN SACHS MID CAP VAL A GM	9,111.3398	44.080	353,003.72	401,627.86	1.63%
TEMPLETON GLOBAL BOND FD CL A	9,979.2506	13.140	130,735.39	131,127.35	0.53%
COLUMBIA SELIGMAN COMM FD A	16,306.7701	49.930	589,653.59	814,197.03	3.30%
OPPENHEIMER GLOBAL FUND	9,278.1878	78.780	550,719.20	730,935.63	2.96%
OPPENHEIMER GLOBAL FD GM	14,145.5187	78.780	895,152.19	1,114,383.96	4.51%
FEDERATED FD FOR US GOVT SECS	117,699.6879	7.430	905,294.38	874,508.68	3.54%
FED FD FOR US GOVT SECS GM	82,993.4854	7.430	639,148.23	616,641.60	2.50%
LORD ABBETT DEV GROWTH FD CL A	23,438.0817	25.770	541,570.60	603,999.37	2.45%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2013 - 12/31/2013

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
LORD ABBETT DEV GRW CL A GM	6,132.3751	25.770	142,353.26	158,031.31	0.64%
TOTAL MUTUAL FUNDS			15,252,611.04	18,235,454.23	73.83%
LOANS					
LOAN FUND	1,209,293.9500	1.000	1,209,293.95	1,209,293.95	4.90%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	350.0000	1.000	350.00	350.00	0.00%
INVESTMENT TOTAL			21,717,224.45	24,700,067.60	100.00%
UNINVESTED CASH			0.43	0.43	0.00%
ACCRUED INCOME			219.81	219.81	0.00%
TOTAL ASSETS			21,717,444.69	24,700,287.84	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity