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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

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

OSTERKAMP TRUCKING INC.

1350 E PHILADELPHIA
POMONA, CA 91769

2b Employer Identification Number (EIN)
95-2830369

2c Sponsor's telephone number
909-517-2809

2d Business code (see instructions)
484120

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.	10/27/2014	RAUL DORANTES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/27/2014	RAUL DORANTES
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	276
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**	283
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	317
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	318
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2E 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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OSTERKAMP TRUCKING INC.	95-2830369

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	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
COLUMBIA	ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE INVESTMENTS	2005 MARKET STREET PHILADELPHIA, PA 19103

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

DWS INVESTMENTS DISTRIBUTOR, INC.

36-3976708

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

HARTFORD INVESTMENT FINANCIAL SERVI

201 HOPMEADOW STREET
SIMSBURY, CT 06089

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

LEGG MASON INVESTOR SERVICES, LLC

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PHOENIX - VIRTUS

56 PROSPECT STREET
PO BOX 150480
HARTFORD, CT 06115

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

TOCQUEVILLE

615 EAST MICHIGAN STREET
3RD FLOOR
MILWAUKEE, WI 53202

(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

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)

GEORGE W. TEATS JR

55-1370779

(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?
10 49 50 99	ACCOUNTANT	9476	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADP

22-1467904

(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?
37 50 15 64	RECORD KEEPER	2100	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET CORPORATION

04-1867445

(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?
21 99	DIRECTED TRUSTEE/CUSTODIA	0	Yes [X] No [ ]	Yes [X] No [ ]	500	Yes [ ] No [X]

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)

ADP BROKER-DEALER

22-3319984

(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?
63 60 59 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

UBS DC ADVISORY

20 PACIFICA AVE STE 1500
IRVINE, CA 92618

(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?
49 99	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
UBS DC ADVISORY	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADP BROKER-DEALER 22-3319984	0.0025 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS INVESTMENTS DISTRIBUTOR, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD INVESTMENT FINANCIAL SERVI 201 HOPMEADOW STREET SIMSBURY, CT 06089	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LEGG MASON INVESTOR SERVICES, LLC 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00630 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE 615 EAST MICHIGAN STREET 3RD FLOOR MILWAUKEE, WI 53202	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(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
CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2830369

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: SSGA RUSS SC IDX VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-340	C	24330

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX IX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-344	C	3455

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MD CP IDX NL J

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-347	C	39817

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MOD STR BAL SLS VII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-385	C	6691

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
CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2830369

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	218	888
(2) Participant contributions	1b(2)	2136	21336
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	217483	211424
(9) Value of interest in common/collective trusts	1c(9)	75115	74292
(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)	3222644	3415682
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3517596	3723622
	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	3517596	3723622

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)	50839	
	(B) Participants	2a(1)(B)	259644	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		310483
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9606	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9606
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	87531	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87531
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		25047
(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)		400685
c Other income	2c		1647
d Total income. Add all **income** amounts in column (b) and enter total	2d		834999
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	587369	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		587369
f Corrective distributions (see instructions)	2f		27968
g Certain deemed distributions of participant loans (see instructions)	2g		2060
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11576	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11576
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		628973
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		206026
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GEORGE W. TEATS JR **(2)** EIN: 26-1557474

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		352000
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
CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2830369

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): 57-1198022

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):

Consolidated Trucking Services Retirement Plan

Financial Statements and Independent Auditors' Report

December 31, 2013 and 2012

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

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George W. Teats Jr.
CERTIFIED PUBLIC ACCOUNTANT

INDEPENDENT AUDITORS' REPORT

The Trustees
Consolidated Trucking Services Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Consolidated Trucking Services Retirement Plan (the Plan), which comprise the statements of net assets available for benefits 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, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Notes 3, 4 and 5, which was certified State Street Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and December 31, 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

540 North Golden Circle Drive • Suite 206 • Santa Ana, California 92705 • (714) 835-3327 • Fax (714) 835-3393

Other Matter

The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Santa Ana, California
October 14, 2014

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
INVESTMENTS, at fair value:		
Registered investment companies	$ 3,415,682	$ 3,222,644
Common/collective trusts	74,293	75,115
Total investments	3,489,975	3,297,759
RECEIVABLES:		
Employer contributions	888	218
Participant contributions	21,336	2,136
Notes receivable from participants	211,424	217,483
Total receivables	233,648	219,837
TOTAL ASSETS	3,723,623	3,517,596
LIABILITIES		
PAYABLE:		
Corrective distributions payable	14,517	27,968
TOTAL LIABILITIES	14,517	27,968
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,709,106	$ 3,489,628

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

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$	357,204
Interest and dividends		157,707
		514,911
Interest income on notes receivable from participants		9,606
Contributions:		
Participant contributions		259,644
Employer contributions		50,839
		310,483
Total additions		835,000
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		587,369
Corrective distributions		14,517
Deemed distributions of participant notes receivable		2,060
Administrative expenses		11,576
Total deductions		615,522
NET INCREASE		219,478
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		3,489,628
End of year	$	3,709,106

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

Note 1 – Description of plan

The following description of the Consolidated Trucking Services Retirement Plan (the Plan) provides only general information. Osterkamp Trucking, Inc. is the Plan Sponsor (the Plan Sponsor and Plan Administrator). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan. The Plan was established by the Plan Sponsor to provide retirement income for its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective August 2, 2012, assets of the Plan were transferred from one of the former Custodians of the Plan, Hartford Life Insurance Company (Hartford), to ADP Retirement Services (ADPRS). Effective December 13, 2012, the rest of the assets of the Plan were transferred from the other former Custodian of the Plan, Valic, to ADPRS.

Eligibility and participation

The Plan is a contributory plan covering all full time employees of the Plan Sponsor who have completed three months of service. Participants will be able to enter into the Plan on the first day of the month following the date on which the above eligibility requirements are met.

Participant contributions

The Plan is a contributory plan whereby participants may contribute up 70% of compensation not to exceed the dollar limit set by law not to exceed $17,500 and $17,000 for December 31, 2013 and 2012, respectively. Participants age 50 or older may elect to defer up to an additional $5,500 of "catch up" contributions to the Plan for 2013 and 2012.

Under provisions of the Plan, participants have the option to rollover contributions or any lump sum distribution received by an employee from a pension or profit sharing plan meeting the requirements of Internal Revenue Code Section 401(a).

Employer contributions

The Plan Sponsor makes matching contributions of 35% of the employee's compensation, not to exceed $1,500 or 70% of eligible earnings. For the years ended December 31, 2013 and 2012, the Plan Sponsor made matching contributions in the amount of $50,839 and $48,663, respectively.

Participant accounts

Each participant's account is credited with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan investments earnings. Each participant's account is decreased by investment losses and depreciation in the value of investments, as well as withdrawals, distributions, and fees from their account. 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 account.

Note 1 – Description of plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Vesting in employer contributions and earnings thereon, through August 3, 2012 with Hartford, is based on years of continuous service as follows:

YEARS OF SERVICE	VESTED PERCENTAGE
1	33.3%
2	66.7%
3	100%

Vesting in employer contributions and earnings thereon, effective August 3, 2012 with ADPRS, is based on years of continuous service as follows:

YEARS OF SERVICE	VESTED PERCENTAGE
Less than 3	0%
3 or more	100%

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 (with Hartford) or $500 (with ADPRS) up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 year to a maximum of 5 years (a maximum of 20 years if used to purchase participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Sponsor. Interest rates on participant loans ranged from 4.25% to 5.50% as of December 31, 2013 and 4.25% to 5.25% as of December 31, 2012. Principal and interest is paid ratably through payroll deductions or participant payments.

Payments of benefits

Upon retirement, death, disability, or termination of service, a participant is entitled to receive, as benefits, a lump sum amount equal to the value of his/her account, distributed in accordance with the Plan. Benefits provided under this plan are neither insured nor guaranteed by the Plan Sponsor, by the Pension Benefit Guarantee Corporation, a federal governmental agency, nor under any state or federal law.

Forfeitures

Forfeited balances of terminated participating non-vested accounts may be used to reduce Plan Sponsor contributions to the Plan. As of December 31, 2013 and 2012, amounts forfeited totaled $6,946 and $7,405, respectively. During 2013 and 2012, $10,306 and $4,036, respectively, was used to reduce employer matching contributions. As of December 31, 2013 and 2012, the amount of forfeitures available to offset future Plan Sponsor contributions was $10,305 and $3,369, respectively.

Note 2 – Summary of significant accounting policies

Basis of accounting

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing these financial statements are reasonable and prudent. Actual results could differ from these estimates.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when incurred.

Corrective distributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability in the amount of $14,517 with a corresponding addition to corrective distributions expense. The Plan distributed the 2013 excess contributions to the applicable participants in March 2014.

Investment options

Participants may self-direct employee and employer contributions into various investment options available for investment. The investment options include a mix of funds that invest in options such as aggressive, conservative, international, aggressive growth, growth and income, bonds, funds and money market funds.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sale of investments are computed using the participant's cost basis in the investment aggregated at the Plan level. Net changes in unrealized appreciation/depreciation in investments represents the difference between the fair value of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

Payment of benefits

Benefits are recorded when paid.

Note 2 – Summary of significant accounting policies (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's accounts and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Fees paid directly by the Plan Sponsor totaled $10,450 for the year ended December 31, 2013. Fees paid by the Plan for certain administrative fees amounted to $11,576 for the year ended December 31, 2013.

Subsequent events

Subsequent events have been evaluated by the Sponsor's management through October 14, 2014, the date these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2013 that required recognition or additional disclosure in the current period financial statements.

Note 3 – Investments

The fair values of individual investments that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

Description		2013	2012
T.Rowe Price Retirement Inc. - R	$	292,433	277,920
T.Rowe Price Retirement 2015 - R		416,162	581,790
T.Rowe Price Retirement 2020 - R		205,023	184,600
T.Rowe Price Retirement 2025 - R		946,953	864,063
T.Rowe Price Retirement 2030 - R		300,179	246,194
T.Rowe Price Retirement 2035 - R		357,445	274,839
Total	$	2,518,195	2,429,406

* *Did not meet the 5 percent threshold in the respective year.*

During 2013, the Plan's investments in common collective trusts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $25,049 and the Plan's investments in registered investment companies (including gains and losses on investments bought and sold) appreciated in value by $516,971 for a total appreciation of $514,911.

Note 4 – Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;

Level 2: Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2013 and 2012.The valuation methodologies used for the assets measured at fair value is as follows:

Registered investment companies (mutual funds): The fair values of the registered investment companies are based on quoted market prices (Level 1 inputs).

Common/collective trusts: The units of these common/collective trusts are not actively traded. Valued based on the aggregate fair value of the underlying assets (Level 2 inputs).

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Bond funds	$ 164,833	$ -	$ -	$ 164,833
Target – date funds	2,172,884	-	-	2,172,884
Large cap funds	736,368	-	-	736,368
Mid cap funds	86,491	-	-	86,491
International/global funds	111,192	-	-	111,192
Specialty funds	130,104	-	-	130,104
Money market	13,810	-	-	13,810
Total registered investment companies	3,415,682	-	-	3,415,682
Common/collective trust funds	-	74,293	-	74,293
Total investments	$ 3,415,682	$ 74,293	$ -	$ 3,489,975

Note 4 – Fair value measurements (continued)

	Assets at Fair Value as of December 31, 2012			
		Level 1	Level 2	Level 3
Registered investment companies:				
Bond funds	$ 100,258	$ -	$ -	$ 100,258
Target – date funds	1,828,103	-	-	1,828,103
Large cap funds	881,713	-	-	881,713
Mid cap funds	66,912	-	-	66,912
Small cap funds	110,079	-	-	110,079
International/global funds	62,271	-	-	62,271
Specialty funds	163,659	-	-	163,659
Money market	9,649	-	-	9,649
Total registered investment companies	3,222,644	-	-	3,222,644
Common/collective trust funds	-	75,115	-	75,115
Total investments	$ 3,222,644	$ 75,115	$ -	$ 3,297,759

Note 5 – Information certified by the trustee

The Plan Sponsor elected the method of compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 (the Act). Under this provision of the Act, certain certified information need not be subject to independent audit.

The Plan Sponsor has obtained certification from the trustee that the following information included in the Plan's financial statements is complete and accurate, as of and for the year ended December 31, 2013 and from the trustees (Hartford, Valic and ADPRS) as of and for the year ended December 31, 2012:

	2013	2012
Statement of net assets available for benefits		
Investments in registered investment companies	$ 3,415,682	$ 3,222,644
Investments in common collective trusts	74,293	75,115
Notes receivable from participants	240,669	217,748
	$ 3,730,644	$ 3,515,507
Statement of changes in net assets available for benefits		
Additions to net assets:		
Contributions:		
Participant	$ 240,444	$ 301,355
Employer	50,169	49,416
Rollovers	-	7,686
	290,613	358,457
Interest income on notes receivable from participants	9,606	8,755
Investment income:		
Net appreciation in fair value of investments	451,178	63,810
Interest and dividends	87,532	55,009
	538,710	118,819

Note 5 – Information certified by the trustees/custodians (continued)

Statement of changes in net assets available for benefits (continued)

Transfer of assets from another trust	105,474	-
Total additions	$ 944,403	$ 486,031
Deductions from net assets:		
Benefits paid to participants	587,292	358,821
Corrective distributions	27,968	-
Administrative expenses	11,576	2,258
Total deductions	626,836	361,079
Net increase	$ 317,567	$ 124,952
Net assets available for benefits:		
Beginning of year	$ 3,413,078	$ 3,288,126
End of year	$ 3,730,645	$ 3,413,078

Note 6 – Party-in-interest transactions

Certain Plan investments are managed by Hartford Life Insurance Company, the custodian of the Plan from January 1, 2012 to August 2, 2012 or ADP Retirement Services, the custodian of the Plan from August 2, 2012 to December 31, 2013. These transactions qualify as party-in-interest transactions. The Plan also holds notes receivable representing participant loans. These transactions also qualify as party-in-interest transactions. These transactions are exempt from prohibited transactions rules under ERISA.

Note 7 – Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and non-forfeitable.

Note 8 – Tax status

The IRS has determined and informed the plan sponsor by a letter dated January 31, 2006, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Note 8 – Tax status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The financial statement effects are recognized when the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013 and 2012, there are no uncertain tax positions taken or expected to be taken.

The Plan is subject to potential audits on open years by any jurisdiction in which it operates. The statute of limitations for federal purposes is generally three years.

Note 9 – Reconciliation of financial statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	$ 3,709,106	$ 3,489,628
Corrective distributions payable	14,517	27,968
Net assets per Schedule H of Form 5500	$ 3,723,623	$ 3,517,596

The following is a reconciliation of corrective distributions per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2013:

Corrective distributions per the financial statements	$ 14,517
Current year corrective distributions	(14,517)
Prior year corrective distributions	27,968
Corrective distributions per Schedule H of Form 5500	$ 27,968

Note 10 – Prohibited transactions

During 2011, the Plan Sponsor agreed to stop deducting loan payments from an existing loan with a Highly Compensated Employee, which could, in effect, be considered an impermissible in-service distribution. The Plan Sponsor is currently considering their options as to how to correct and rectify this transaction. As of our report date, no resolution of this transaction has been achieved. In addition, the costs or penalties that will arise as a result of this transaction has not been determined, however, should any be incurred, they will be borne by the Plan Sponsor.

Note 11 – 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant accounts' balances and the amounts reported in the statements of net assets available for benefits.

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2012

Employer identification number: 95-2830369
Plan number: 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Common/collective trusts			
*	ADP Retirement Services	SSGA RUSS SC IDX VIII	***	$ 24,330
*	ADP Retirement Services	SSGA S&P MD CP IDX NL J	***	39,817
*	ADP Retirement Services	SSGA MOD STR BAL SLS VII	***	6,691
*	ADP Retirement Services	SSGA S&P 500 IDX IX	***	3,455
				74,293
	Registered investment companies			
*	ADP Retirement Services	DELAFIELD FUND INC	***	73,301
*	ADP Retirement Services	FRANKLIN GROWTH FUND - A	***	55,928
*	ADP Retirement Services	INVESCO COMSTOCK R	***	51,811
*	ADP Retirement Services	JPMORGAN US EQUITY - A	***	37,776
*	ADP Retirement Services	OPPENHEIMER DEVELOP MARKETS-N	***	61,517
*	ADP Retirement Services	PIMCO INV GRADE CORP BOND - A	***	38,337
*	ADP Retirement Services	PRU SHORT-TERM CORP BOND - A	***	95,937
*	ADP Retirement Services	T. ROWE PRICE RETIREMENT INC-R**	***	292,433
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2010-R	***	27,773
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2015-R**	***	416,162
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2020-R**	***	205,023
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2025-R**	***	946,953
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2030-R**	***	300,179
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2035-R**	***	357,445
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2040-R	***	88,080
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2045-R	***	85,617
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2050-R	***	24,684
*	ADP Retirement Services	VIRTUS INSIGHT GOV MONEY MKT A	***	45,441
*	ADP Retirement Services	DWS RREEF REAL ESTATE SEC-A	***	21,368
*	ADP Retirement Services	HARTFORD INTERNATIONAL OPP R4	***	62,856
*	ADP Retirement Services	Funds with balances under $20K	***	127,061
				3,415,682
*	Participant Loans	Loans to participants with maturity dates less than 5 years and interest rates from 4.25% to 5.50%	-0-	211,424
		Total		$ 3,701,399

* Party-in-interest
** Represents investments greater than 5% of Plan's net assets
*** Historical cost information is not required for participant directed investment funds

See independent auditors' report.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Consolidated Trucking Services Retirement Plan

Financial Statements and Independent Auditors' Report

December 31, 2013 and 2012

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

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George W. Teats Jr.
CERTIFIED PUBLIC ACCOUNTANT

INDEPENDENT AUDITORS' REPORT

The Trustees
Consolidated Trucking Services Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Consolidated Trucking Services Retirement Plan (the Plan), which comprise the statements of net assets available for benefits 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, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Notes 3, 4 and 5, which was certified State Street Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and December 31, 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

540 North Golden Circle Drive • Suite 206 • Santa Ana, California 92705 • (714) 835-3327 • Fax (714) 835-3393

Other Matter

The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Santa Ana, California
October 14, 2014

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
INVESTMENTS, at fair value:		
Registered investment companies	$ 3,415,682	$ 3,222,644
Common/collective trusts	74,293	75,115
Total investments	3,489,975	3,297,759
RECEIVABLES:		
Employer contributions	888	218
Participant contributions	21,336	2,136
Notes receivable from participants	211,424	217,483
Total receivables	233,648	219,837
TOTAL ASSETS	3,723,623	3,517,596
LIABILITIES		
PAYABLE:		
Corrective distributions payable	14,517	27,968
TOTAL LIABILITIES	14,517	27,968
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,709,106	$ 3,489,628

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

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$	357,204
Interest and dividends		157,707
		514,911
Interest income on notes receivable from participants		9,606
Contributions:		
Participant contributions		259,644
Employer contributions		50,839
		310,483
Total additions		835,000
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		587,369
Corrective distributions		14,517
Deemed distributions of participant notes receivable		2,060
Administrative expenses		11,576
Total deductions		615,522
NET INCREASE		219,478
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		3,489,628
End of year	$	3,709,106

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

Note 1 – Description of plan

The following description of the Consolidated Trucking Services Retirement Plan (the Plan) provides only general information. Osterkamp Trucking, Inc. is the Plan Sponsor (the Plan Sponsor and Plan Administrator). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan. The Plan was established by the Plan Sponsor to provide retirement income for its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective August 2, 2012, assets of the Plan were transferred from one of the former Custodians of the Plan, Hartford Life Insurance Company (Hartford), to ADP Retirement Services (ADPRS). Effective December 13, 2012, the rest of the assets of the Plan were transferred from the other former Custodian of the Plan, Valic, to ADPRS.

Eligibility and participation

The Plan is a contributory plan covering all full time employees of the Plan Sponsor who have completed three months of service. Participants will be able to enter into the Plan on the first day of the month following the date on which the above eligibility requirements are met.

Participant contributions

The Plan is a contributory plan whereby participants may contribute up 70% of compensation not to exceed the dollar limit set by law not to exceed $17,500 and $17,000 for December 31, 2013 and 2012, respectively. Participants age 50 or older may elect to defer up to an additional $5,500 of "catch up" contributions to the Plan for 2013 and 2012.

Under provisions of the Plan, participants have the option to rollover contributions or any lump sum distribution received by an employee from a pension or profit sharing plan meeting the requirements of Internal Revenue Code Section 401(a).

Employer contributions

The Plan Sponsor makes matching contributions of 35% of the employee's compensation, not to exceed $1,500 or 70% of eligible earnings. For the years ended December 31, 2013 and 2012, the Plan Sponsor made matching contributions in the amount of $50,839 and $48,663, respectively.

Participant accounts

Each participant's account is credited with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan investments earnings. Each participant's account is decreased by investment losses and depreciation in the value of investments, as well as withdrawals, distributions, and fees from their account. 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 account.

Note 1 – Description of plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Vesting in employer contributions and earnings thereon, through August 3, 2012 with Hartford, is based on years of continuous service as follows:

YEARS OF SERVICE	VESTED PERCENTAGE
1	33.3%
2	66.7%
3	100%

Vesting in employer contributions and earnings thereon, effective August 3, 2012 with ADPRS, is based on years of continuous service as follows:

YEARS OF SERVICE	VESTED PERCENTAGE
Less than 3	0%
3 or more	100%

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 (with Hartford) or $500 (with ADPRS) up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 year to a maximum of 5 years (a maximum of 20 years if used to purchase participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Sponsor. Interest rates on participant loans ranged from 4.25% to 5.50% as of December 31, 2013 and 4.25% to 5.25% as of December 31, 2012. Principal and interest is paid ratably through payroll deductions or participant payments.

Payments of benefits

Upon retirement, death, disability, or termination of service, a participant is entitled to receive, as benefits, a lump sum amount equal to the value of his/her account, distributed in accordance with the Plan. Benefits provided under this plan are neither insured nor guaranteed by the Plan Sponsor, by the Pension Benefit Guarantee Corporation, a federal governmental agency, nor under any state or federal law.

Forfeitures

Forfeited balances of terminated participating non-vested accounts may be used to reduce Plan Sponsor contributions to the Plan. As of December 31, 2013 and 2012, amounts forfeited totaled $6,946 and $7,405, respectively. During 2013 and 2012, $10,306 and $4,036, respectively, was used to reduce employer matching contributions. As of December 31, 2013 and 2012, the amount of forfeitures available to offset future Plan Sponsor contributions was $10,305 and $3,369, respectively.

Note 2 – Summary of significant accounting policies

Basis of accounting

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing these financial statements are reasonable and prudent. Actual results could differ from these estimates.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when incurred.

Corrective distributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability in the amount of $14,517 with a corresponding addition to corrective distributions expense. The Plan distributed the 2013 excess contributions to the applicable participants in March 2014.

Investment options

Participants may self-direct employee and employer contributions into various investment options available for investment. The investment options include a mix of funds that invest in options such as aggressive, conservative, international, aggressive growth, growth and income, bonds, funds and money market funds.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sale of investments are computed using the participant's cost basis in the investment aggregated at the Plan level. Net changes in unrealized appreciation/depreciation in investments represents the difference between the fair value of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

Payment of benefits

Benefits are recorded when paid.

Note 2 – Summary of significant accounting policies (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's accounts and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Fees paid directly by the Plan Sponsor totaled $10,450 for the year ended December 31, 2013. Fees paid by the Plan for certain administrative fees amounted to $11,576 for the year ended December 31, 2013.

Subsequent events

Subsequent events have been evaluated by the Sponsor's management through October 14, 2014, the date these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2013 that required recognition or additional disclosure in the current period financial statements.

Note 3 – Investments

The fair values of individual investments that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

Description		2013	2012
T.Rowe Price Retirement Inc. - R	$	292,433	277,920
T.Rowe Price Retirement 2015 - R		416,162	581,790
T.Rowe Price Retirement 2020 - R		205,023	184,600
T.Rowe Price Retirement 2025 - R		946,953	864,063
T.Rowe Price Retirement 2030 - R		300,179	246,194
T.Rowe Price Retirement 2035 - R		357,445	274,839
Total	$	2,518,195	2,429,406

* *Did not meet the 5 percent threshold in the respective year.*

During 2013, the Plan's investments in common collective trusts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $25,049 and the Plan's investments in registered investment companies (including gains and losses on investments bought and sold) appreciated in value by $516,971 for a total appreciation of $514,911.

Note 4 – Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;

Level 2: Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2013 and 2012.The valuation methodologies used for the assets measured at fair value is as follows:

Registered investment companies (mutual funds): The fair values of the registered investment companies are based on quoted market prices (Level 1 inputs).

Common/collective trusts: The units of these common/collective trusts are not actively traded. Valued based on the aggregate fair value of the underlying assets (Level 2 inputs).

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Bond funds	$ 164,833	$ -	$ -	$ 164,833
Target – date funds	2,172,884	-	-	2,172,884
Large cap funds	736,368	-	-	736,368
Mid cap funds	86,491	-	-	86,491
International/global funds	111,192	-	-	111,192
Specialty funds	130,104	-	-	130,104
Money market	13,810	-	-	13,810
Total registered investment companies	3,415,682	-	-	3,415,682
Common/collective trust funds	-	74,293	-	74,293
Total investments	$ 3,415,682	$ 74,293	$ -	$ 3,489,975

Note 4 – Fair value measurements (continued)

	Assets at Fair Value as of December 31, 2012			
		Level 1	Level 2	Level 3
Registered investment companies:				
Bond funds	$ 100,258	$ -	$ -	$ 100,258
Target – date funds	1,828,103	-	-	1,828,103
Large cap funds	881,713	-	-	881,713
Mid cap funds	66,912	-	-	66,912
Small cap funds	110,079	-	-	110,079
International/global funds	62,271	-	-	62,271
Specialty funds	163,659	-	-	163,659
Money market	9,649	-	-	9,649
Total registered investment companies	3,222,644	-	-	3,222,644
Common/collective trust funds	-	75,115	-	75,115
Total investments	$ 3,222,644	$ 75,115	$ -	$ 3,297,759

Note 5 – Information certified by the trustee

The Plan Sponsor elected the method of compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 (the Act). Under this provision of the Act, certain certified information need not be subject to independent audit.

The Plan Sponsor has obtained certification from the trustee that the following information included in the Plan's financial statements is complete and accurate, as of and for the year ended December 31, 2013 and from the trustees (Hartford, Valic and ADPRS) as of and for the year ended December 31, 2012:

	2013	2012
Statement of net assets available for benefits		
Investments in registered investment companies	$ 3,415,682	$ 3,222,644
Investments in common collective trusts	74,293	75,115
Notes receivable from participants	240,669	217,748
	$ 3,730,644	$ 3,515,507
Statement of changes in net assets available for benefits		
Additions to net assets:		
Contributions:		
Participant	$ 240,444	$ 301,355
Employer	50,169	49,416
Rollovers	-	7,686
	290,613	358,457
Interest income on notes receivable from participants	9,606	8,755
Investment income:		
Net appreciation in fair value of investments	451,178	63,810
Interest and dividends	87,532	55,009
	538,710	118,819

Note 5 – Information certified by the trustees/custodians (continued)

Statement of changes in net assets available for benefits (continued)

Transfer of assets from another trust	105,474	-
Total additions	$ 944,403	$ 486,031
Deductions from net assets:		
Benefits paid to participants	587,292	358,821
Corrective distributions	27,968	-
Administrative expenses	11,576	2,258
Total deductions	626,836	361,079
Net increase	$ 317,567	$ 124,952
Net assets available for benefits:		
Beginning of year	$ 3,413,078	$ 3,288,126
End of year	$ 3,730,645	$ 3,413,078

Note 6 – Party-in-interest transactions

Certain Plan investments are managed by Hartford Life Insurance Company, the custodian of the Plan from January 1, 2012 to August 2, 2012 or ADP Retirement Services, the custodian of the Plan from August 2, 2012 to December 31, 2013. These transactions qualify as party-in-interest transactions. The Plan also holds notes receivable representing participant loans. These transactions also qualify as party-in-interest transactions. These transactions are exempt from prohibited transactions rules under ERISA.

Note 7 – Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and non-forfeitable.

Note 8 – Tax status

The IRS has determined and informed the plan sponsor by a letter dated January 31, 2006, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Note 8 – Tax status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The financial statement effects are recognized when the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013 and 2012, there are no uncertain tax positions taken or expected to be taken.

The Plan is subject to potential audits on open years by any jurisdiction in which it operates. The statute of limitations for federal purposes is generally three years.

Note 9 – Reconciliation of financial statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	$ 3,709,106	$ 3,489,628
Corrective distributions payable	14,517	27,968
Net assets per Schedule H of Form 5500	$ 3,723,623	$ 3,517,596

The following is a reconciliation of corrective distributions per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2013:

Corrective distributions per the financial statements	$ 14,517
Current year corrective distributions	(14,517)
Prior year corrective distributions	27,968
Corrective distributions per Schedule H of Form 5500	$ 27,968

Note 10 – Prohibited transactions

During 2011, the Plan Sponsor agreed to stop deducting loan payments from an existing loan with a Highly Compensated Employee, which could, in effect, be considered an impermissible in-service distribution. The Plan Sponsor is currently considering their options as to how to correct and rectify this transaction. As of our report date, no resolution of this transaction has been achieved. In addition, the costs or penalties that will arise as a result of this transaction has not been determined, however, should any be incurred, they will be borne by the Plan Sponsor.

Note 11 – 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant accounts' balances and the amounts reported in the statements of net assets available for benefits.

CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2012

Employer identification number: 95-2830369
Plan number: 001
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Common/collective trusts			
*	ADP Retirement Services	SSGA RUSS SC IDX VIII	***	$ 24,330
*	ADP Retirement Services	SSGA S&P MD CP IDX NL J	***	39,817
*	ADP Retirement Services	SSGA MOD STR BAL SLS VII	***	6,691
*	ADP Retirement Services	SSGA S&P 500 IDX IX	***	3,455
				74,293
	Registered investment companies			
*	ADP Retirement Services	DELAFIELD FUND INC	***	73,301
*	ADP Retirement Services	FRANKLIN GROWTH FUND - A	***	55,928
*	ADP Retirement Services	INVESCO COMSTOCK R	***	51,811
*	ADP Retirement Services	JPMORGAN US EQUITY - A	***	37,776
*	ADP Retirement Services	OPPENHEIMER DEVELOP MARKETS-N	***	61,517
*	ADP Retirement Services	PIMCO INV GRADE CORP BOND - A	***	38,337
*	ADP Retirement Services	PRU SHORT-TERM CORP BOND - A	***	95,937
*	ADP Retirement Services	T. ROWE PRICE RETIREMENT INC-R**	***	292,433
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2010-R	***	27,773
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2015-R**	***	416,162
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2020-R**	***	205,023
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2025-R**	***	946,953
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2030-R**	***	300,179
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2035-R**	***	357,445
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2040-R	***	88,080
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2045-R	***	85,617
*	ADP Retirement Services	T.ROWE PRICE RETIREMENT 2050-R	***	24,684
*	ADP Retirement Services	VIRTUS INSIGHT GOV MONEY MKT A	***	45,441
*	ADP Retirement Services	DWS RREEF REAL ESTATE SEC-A	***	21,368
*	ADP Retirement Services	HARTFORD INTERNATIONAL OPP R4	***	62,856
*	ADP Retirement Services	Funds with balances under $20K	***	127,061
				3,415,682
*	Participant Loans	Loans to participants with maturity dates less than 5 years and interest rates from 4.25% to 5.50%	-0-	211,424
		Total		$ 3,701,399

* Party-in-interest
** Represents investments greater than 5% of Plan's net assets
*** Historical cost information is not required for participant directed investment funds

See independent auditors' report.

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
Plan Sponsor's Name OSTERKAMP TRUCKING INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T.ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		88,080
	T.ROWE PRICE RETIREMENT 2025-R	REGISTERED INVESTMENT COMPANY		946,953
	FRANKLIN BAL FUND A	REGISTERED INVESTMENT COMPANY		402
	T.ROWE PRICE RETIREMENT 2045-R	REGISTERED INVESTMENT COMPANY		85,617
	VIRTUS INSIGHT GOV MONEY MKT A	REGISTERED INVESTMENT COMPANY		45,441
	DELAFIELD FUND INC	REGISTERED INVESTMENT COMPANY		73,301
	OPPENHEIMER DEVELOP MARKETS-N	REGISTERED INVESTMENT COMPANY		61,517

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
Plan Sponsor's Name OSTERKAMP TRUCKING INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GOLDMAN SACHS GR OPP R	REGISTERED INVESTMENT COMPANY		12,683
	OPPENHEIMER GLOBAL FUND - N	REGISTERED INVESTMENT COMPANY		1,698
	PIMCO INV GRADE CORP BOND - A	REGISTERED INVESTMENT COMPANY		38,337
	FRANKLIN GROWTH FUND - A	REGISTERED INVESTMENT COMPANY		55,928
	FRANKLIN STRAT INCOME FD - A	REGISTERED INVESTMENT COMPANY		12,518
	MFS INTL GR R2	REGISTERED INVESTMENT COMPANY		10,471
	OPPENHEIMER GOLD & SP MIN - N	REGISTERED INVESTMENT COMPANY		14,799

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
Plan Sponsor's Name OSTERKAMP TRUCKING INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRU SHORT-TERM CORP BOND - A	REGISTERED INVESTMENT COMPANY		95,937
	T.ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		205,023
	T.ROWE PRICE RETIREMENT 2035-R	REGISTERED INVESTMENT COMPANY		357,445
	DWS RREEF REAL ESTATE SEC-A	REGISTERED INVESTMENT COMPANY		21,368
	DELAWARE SMALL CAP VALUE - R	REGISTERED INVESTMENT COMPANY		247
	JANUS TRITON FUND - S	REGISTERED INVESTMENT COMPANY		13,190
	PRUDENTIAL HIGH YIELD - A	REGISTERED INVESTMENT COMPANY		6,110

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
Plan Sponsor's Name OSTERKAMP TRUCKING INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	HARTFORD INTERNATIONAL OPP R4	REGISTERED INVESTMENT COMPANY		62,856
	T. ROWE PRICE RETIREMENT INC-R	REGISTERED INVESTMENT COMPANY		292,433
	LEGG MASON BW GLB OP BD A	REGISTERED INVESTMENT COMPANY		10,216
	COL SEL COMM & INFO A	REGISTERED INVESTMENT COMPANY		13,408
	T.ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		300,179
	INVESCO COMSTOCK R	REGISTERED INVESTMENT COMPANY		51,811
	T.ROWE PRICE RETIREMENT 2055-R	REGISTERED INVESTMENT COMPANY		19,387

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Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE RETIRE 2050 - R	REGISTERED INVESTMENT COMPANY		24,684
	PIMCO REAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		11,931
	T.ROWE PRICE RETIREMENT 2015-R	REGISTERED INVESTMENT COMPANY		416,162
	JPMORGAN US EQUITY - A	REGISTERED INVESTMENT COMPANY		37,776
	T.ROWE PRICE RETIREMENT 2010-R	REGISTERED INVESTMENT COMPANY		27,773
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 5.50%)		211,424
	SSGA RUSS SC IDX VIII	COMMON/COLLECTIVE TRUST		24,330

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

Plan Name CONSOLIDATED TRUCKING SERVICES RETIREMENT PLAN **EIN:** 95-2830369
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SSGA S&P 500 IDX IX	COMMON/COLLECTIVE TRUST		3,455
	SSGA S&P MD CP IDX NL J	COMMON/COLLECTIVE TRUST		39,817
	SSGA MOD STR BAL SLS VII	COMMON/COLLECTIVE TRUST		6,691