

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>BLS TRUCKING, INC. PROFIT SHARING PLAN</u>                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1995</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1416094</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>937-224-0494</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>484110</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>07/01/1995</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1416094</u> |  | <b>2c</b> Sponsor's telephone number<br><u>937-224-0494</u> |  | <b>2d</b> Business code (see instructions)<br><u>484110</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1995</u>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1416094</u>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>937-224-0494</u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>484110</u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>BLS TRUCKING, INC.</u><br><br><u>1749 STANLEY AVE.</u><br><u>DAYTON, OH 45404</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |

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

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

|                                                                                                            |                                                                                      |                    |                                                                            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator | 04/01/2015<br>Date | KIMBERLEY FOSTER<br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | Signature of employer/plan sponsor                                                   | Date               | Enter name of individual signing as employer or plan sponsor               |
| <b>SIGN HERE</b>                                                                                           | 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)                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                                             |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                               |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>131</b> |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>91</b>  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>0</b>   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>17</b>  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>108</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>0</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>108</b> |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>108</b> |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                     |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>11</b>  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2A 2E 2F 3D 3H</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                            |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                 |            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |            |

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |
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| For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014 |                                                             |
| <b>A</b> Name of plan<br>BLS TRUCKING, INC. PROFIT SHARING PLAN                            | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BLS TRUCKING, INC.        | <b>D</b> Employer Identification Number (EIN)<br>31-1416094 |

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

**1** Coverage Information:

(a) Name of insurance carrier  
INTEGRITY LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 86-0214103 | 74780         | 2100125261                            | 108                                                                         | 07/01/2013              | 06/30/2014 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

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

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

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

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

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

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 796175**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **INDIVIDUAL ANNUITY****b** Balance at the end of the previous year ..... **7b** 813100**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 23607(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 23607**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 836707**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 40532(2) Administration charge made by carrier ..... **7e(2)**(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 40532**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 796175

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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| For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014 |                                         |     |
| <b>A</b> Name of plan<br>BLS TRUCKING, INC. PROFIT SHARING PLAN                            | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BLS TRUCKING, INC.        |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>31-1416094                                |                                         |     |

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

**1** Coverage Information:

(a) Name of insurance carrier  
ING LIFE INSURANCE & ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 71-0294708 | 86509         | 90300706                              | 108                                                                         | 07/01/2013              | 06/30/2014 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ SINGLE PREMIUM DEFERRED ANNUITY**b** Balance at the end of the previous year ..... **7b** 229307**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 3262  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 3262**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 232569**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 232569(2) Administration charge made by carrier ..... **7e(2)**(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 232569**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                      |            |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>07/01/2013</b> and ending <b>06/30/2014</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>BLS TRUCKING, INC. PROFIT SHARING PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BLS TRUCKING, INC.</b>               | <b>D</b> Employer Identification Number (EIN)<br><br><b>31-1416094</b> |            |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                            |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         | 500000                       | 477605                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                         |                              |                        |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                      |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                         |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                         |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                         |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                        |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                        |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        | 2539396                      | 3149315                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        |                              |                        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                        |                              |                        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3039396               | 3626920         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3039396 | 3626920 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 477605     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 477605    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 654   |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 4088  |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 26869 |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 31611 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 6965  |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 54115 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 61080 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                    |                 |  |   |
|----------------------------------------------------------------------------------------------------|-----------------|--|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> |  |   |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 108060    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 678356    |

**Expenses**

|                                                                                      |       |       |       |
|--------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                  |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 62571 |       |
| (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) |       | 62571 |
| f Corrective distributions (see instructions) .....                                  | 2f    |       |       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |       |       |
| h Interest expense .....                                                             | 2h    |       |       |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |       |       |
| (2) Contract administrator fees .....                                                | 2i(2) |       |       |
| (3) Investment advisory and management fees .....                                    | 2i(3) |       |       |
| (4) Other .....                                                                      | 2i(4) | 28261 |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |       | 28261 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |       | 90832 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 587524 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

☐ Yes ☒ No

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

(1) Name: KENTNER SELLERS, LLP

(2) EIN: 31-0787612

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BLS TRUCKING, INC. PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BLS TRUCKING, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-1416094</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>45-3863426</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                   | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

**BLS TRUCKING, INC.  
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
and SUPPLEMENTARY INFORMATION**

**YEARS ENDED JUNE 30, 2014 (AUDITED)  
and 2013 (COMPILED)**

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**YEARS ENDED JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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## Independent Auditors' Report

To the Participants and Trustees of  
BLS Trucking, Inc. Profit Sharing Plan

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the BLS Trucking, Inc. Profit Sharing Plan, which comprise the statement of net assets available for benefits as of June 30, 2014, and the related statement of changes in net assets available for benefits for the year ended June 30, 2014, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2014, and the changes in its net assets available for benefits for the year ended June 30, 2014, in accordance with accounting principles generally accepted in the United States of America.

## **Report on 2013 Compiled Financial Statements**

We have compiled the accompanying statement of net assets available for benefits of BLS Trucking, Inc. Profit Sharing Plan as of June 30, 2013. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

## **Report on Supplemental Information**

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

*Kentner Sellers, LLP*

KENTNER SELLERS, LLP

March 26, 2015

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

---

|                                          | <u>2014</u>                | <u>2013</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS:</b>                           |                            |                            |
| Investments:                             |                            |                            |
| Non-participant directed:                |                            |                            |
| Cash and money market funds              | \$ 96,465                  | \$ 68,607                  |
| Common stocks                            | 669,042                    | 486,556                    |
| Mutual funds                             | 1,496,715                  | 865,237                    |
| Corporate bonds                          | 71,046                     | 76,588                     |
| Real estate investment trusts            | 19,872                     | 0                          |
| Annuities                                | <u>796,175</u>             | <u>1,042,407</u>           |
| Total Investments                        | <u>3,149,315</u>           | <u>2,539,395</u>           |
| Receivables:                             |                            |                            |
| Employer contributions                   | <u>477,605</u>             | <u>500,000</u>             |
| Total Assets                             | <u>3,626,920</u>           | <u>3,039,395</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 3,626,920</b></u> | <u><b>\$ 3,039,395</b></u> |

See Notes to Financial Statements.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED JUNE 30, 2014 (AUDITED)**

---

|                                                                              | <u>2014</u>                 |
|------------------------------------------------------------------------------|-----------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                                |                             |
| Contributions:                                                               |                             |
| Employer profit sharing                                                      | \$ 477,605                  |
| Investment income:                                                           |                             |
| Investment income - annuity contracts                                        | 26,869                      |
| Investment income - common stocks                                            | 6,965                       |
| Investment income - mutual funds                                             | 54,115                      |
| Investment income - corporate bonds                                          | 4,088                       |
| Investment income - other                                                    | 654                         |
| Net realized and unrealized appreciation<br>in the fair value of investments | <u>108,060</u>              |
|                                                                              | <u>200,751</u>              |
| <br>Total Additions                                                          | <br><u>678,356</u>          |
| <br><b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>                         |                             |
| Benefits paid to participants                                                | 62,571                      |
| Administrative expenses                                                      | <u>28,261</u>               |
| <br>Total Deductions                                                         | <br><u>90,832</u>           |
| <br><b>NET INCREASE</b>                                                      | <br><br>587,524             |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year</b>             | <br><br><u>3,039,396</u>    |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - End of Year</b>                   | <br><br><u>\$ 3,626,920</u> |

See Notes to Financial Statements.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE A - DESCRIPTION OF THE PLAN**

The following description of the BLS Trucking, Inc. Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan sponsored by BLS Trucking, Inc. (the Company) and covers all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The investments of the Plan are all non-participant directed. The Plan Document was restated on June 18, 2014.

Eligibility

Under the terms of the Plan, covered employees are eligible to become participants on the first day of the first month of the Plan Year following or coincident with completion of at least 1,000 hours of service over one full year and upon reaching age 21. The allowable entry date is July 1.

Contributions

A profit sharing contribution, if any, will be determined each year by the Board of Directors of the Company, at its sole discretion at the Plan's year-end. This amount will be allocated based on compensation of all participants eligible to share in the discretionary amount. With the exception of certain employees who are granted an eligibility waiver, are a non-highly compensated employee, and are eligible for another allocation, eligible employees must be employed on the last day of the Plan Year to receive the contribution for the year. The Company accrued a discretionary profit sharing contribution of \$477,605 and \$500,000 for June 30, 2014 and 2013, respectively.

Participant Accounts

Each participant's account is credited or charged with the following:

- (a) The above contributions,
- (b) Rollover contributions,
- (c) Plan earnings,
- (d) Forfeitures, and
- (e) Plan expenses.

The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account balance.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

Vesting

| <u>Years of Service</u> | <u>Non-Forfeitable<br/>Percentage</u> |
|-------------------------|---------------------------------------|
| Less than 2             | 0%                                    |
| 2 but less than 3       | 20%                                   |
| 3 but less than 4       | 40%                                   |
| 4 but less than 5       | 60%                                   |
| 5 but less than 6       | 80%                                   |
| 6 or more               | 100%                                  |

Forfeited Accounts

Forfeitures are reallocated following the date on which a terminated participant incurs five consecutive one-year breaks in service or following the date on which a terminated participant receives payment of his vested account balance. Amounts forfeited from a participant's account shall be used to restore forfeitures, reduce Company contributions (or reallocated as Company contributions), or pay Plan expenses. For the years ended June 30, 2014 and 2013, total forfeitures were \$52,857 and \$57,161, respectively. The unallocated forfeitures at June 30, 2014 and 2013, were \$88,049 and \$1,896, respectively.

Payment of Benefits

Benefits are recorded when paid. Upon termination of service, a participant may elect to receive:

- (a) A lump sum distribution equal to the value of their account,
- (b) Equal installments over a period of not more than the participant's assumed life expectancy, or
- (c) A joint and survivor annuity.

Participants may take in-service withdrawals if they are fully vested in their account balance.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The Plan prepares its financial statements using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H for discussion of fair value measurements.

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

Use of Estimates

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

Administrative Fees

Substantially all administrative fees were paid by the Plan. Plan expenses paid by the Plan include fees for trading and investment management and advisory services. Certain administrative functions were performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan.

**NOTE C - CONCENTRATION OF CREDIT RISK**

The Plan maintains its cash balances in various money market funds. At various times during the year, some or all of these funds may be uninsured or exceed insurance limits.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
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**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE D - INVESTMENTS**

As of June 30, the following investments that represent 5% or more of the Plan's net assets are separately identified.

|                                                                    | <u>2014</u>         | <u>2013</u>         |
|--------------------------------------------------------------------|---------------------|---------------------|
| Non-Participant Directed Investments:                              |                     |                     |
| Investments at fair value as determined by<br>quoted market price: |                     |                     |
| All other investments                                              | 2,353,140           | 1,496,988           |
| Insurance company investment funds, at<br>contract value:          |                     |                     |
| ING Annuity                                                        | 0                   | 229,307             |
| Integrity Annuity                                                  | <u>796,175</u>      | <u>813,100</u>      |
| Total Investments                                                  | <u>\$ 3,149,315</u> | <u>\$ 2,539,395</u> |

**NET APPRECIATION IN VALUE**

|                                                                    | <u>2014</u>       |
|--------------------------------------------------------------------|-------------------|
| Investments at Fair value as Determined by<br>Quoted Market Price: |                   |
| Non-participant directed - investments                             | <u>\$ 108,060</u> |
| Net Appreciation in Value                                          | <u>\$ 108,060</u> |

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE E - BENEFITS PAYABLE**

As of June 30, 2014 and 2013, the vested benefit payable to participants terminated prior to year-end was \$169,996 and \$40,532, respectively.

**NOTE F - INCOME TAX STATUS**

The Plan obtained a favorable tax determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Sponsor believes that the Plan was qualified and was tax exempt as of the financial statement date; therefore, no income taxes have been provided for in the financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010 (fiscal year June 30, 2011).

**NOTE G - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent (100%) vested in their accounts.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE H - FAIR VALUE MEASUREMENTS**

FASB ASC 820-10, Fair Value Measurements, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below.

*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's or liability's fair value measurement level with the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014.

*Common stocks, corporate bonds, and real estate investment trusts:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds and money market funds:* Valued at the net asset value (NAV) of shares held by the plan at year-end.

*Annuity:* Valued at the net cash surrender value.

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE H - FAIR VALUE MEASUREMENTS (Continued)**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measure at fair value on a recurring basis as of June 30, 2014 and 2013.

|                                | Assets at Fair Value as of June 30, 2014 |             |                   |                     |
|--------------------------------|------------------------------------------|-------------|-------------------|---------------------|
|                                | Level 1                                  | Level 2     | Level 3           | Total               |
| Cash and money market funds    | \$ 96,465                                | \$ 0        | \$ 0              | \$ 96,465           |
| Common stocks:                 |                                          |             |                   |                     |
| Basic materials                | 23,517                                   | 0           | 0                 | 23,517              |
| Debt securities                | 9,792                                    | 0           | 0                 | 9,792               |
| Energy                         | 31,916                                   | 0           | 0                 | 31,916              |
| Equity securities              | 274,631                                  | 0           | 0                 | 274,630             |
| Financial                      | 73,027                                   | 0           | 0                 | 73,027              |
| Industrial goods               | 21,089                                   | 0           | 0                 | 21,089              |
| Large blend                    | 19,018                                   | 0           | 0                 | 19,018              |
| Mid-cap blend                  | 81,049                                   | 0           | 0                 | 81,049              |
| Miscellaneous                  | 41,831                                   | 0           | 0                 | 41,831              |
| Services                       | 23,369                                   | 0           | 0                 | 23,369              |
| Technology                     | 69,804                                   | 0           | 0                 | 69,804              |
| Mutual funds:                  |                                          |             |                   |                     |
| Emerging markets               | 117,772                                  | 0           | 0                 | 117,772             |
| Foreign funds                  | 161,233                                  | 0           | 0                 | 161,233             |
| Large blend, growth, and value | 620,803                                  | 0           | 0                 | 620,803             |
| Small blend, growth, and value | 98,537                                   | 0           | 0                 | 98,537              |
| Bonds                          | 178,767                                  | 0           | 0                 | 178,767             |
| Other investments              | 319,603                                  | 0           | 0                 | 319,603             |
| Corporate bonds                | 71,046                                   | 0           | 0                 | 71,046              |
| Real estate investment trusts  | 19,872                                   | 0           | 0                 | 19,872              |
| Annuities                      | <u>0</u>                                 | <u>0</u>    | <u>796,175</u>    | <u>796,175</u>      |
| Total assets at fair value     | <u>\$ 2,353,141</u>                      | <u>\$ 0</u> | <u>\$ 796,175</u> | <u>\$ 3,149,315</u> |

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE H - FAIR VALUE MEASUREMENTS (Continued)**

|                                | Assets at Fair Value as of June 30, 2013 |             |                     |                     |
|--------------------------------|------------------------------------------|-------------|---------------------|---------------------|
|                                | Level 1                                  | Level 2     | Level 3             | Total               |
| Cash and money market funds    | \$ 68,607                                | \$ 0        | \$ 0                | \$ 68,607           |
| Common stocks                  |                                          |             |                     |                     |
| Commodities                    | 17,994                                   | 0           | 0                   | 17,994              |
| Consumer goods                 | 16,048                                   | 0           | 0                   | 16,048              |
| Debt securities                | 16,443                                   | 0           | 0                   | 16,443              |
| Energy                         | 9,681                                    | 0           | 0                   | 9,681               |
| Equity securities              | 272,616                                  | 0           | 0                   | 272,616             |
| Financial                      | 26,907                                   | 0           | 0                   | 26,907              |
| Industrial goods               | 16,349                                   | 0           | 0                   | 16,349              |
| Large blend                    | 13,221                                   | 0           | 0                   | 13,221              |
| Mid-cap blend                  | 51,763                                   | 0           | 0                   | 51,763              |
| Services                       | 36,956                                   | 0           | 0                   | 36,956              |
| Utilities                      | 8,577                                    | 0           | 0                   | 8,577               |
| Mutual funds:                  |                                          |             |                     |                     |
| Emerging markets               | 78,892                                   | 0           | 0                   | 78,892              |
| Foreign funds                  | 62,523                                   | 0           | 0                   | 62,523              |
| Large blend, growth, and value | 233,826                                  | 0           | 0                   | 233,826             |
| Small blend, growth, and value | 45,600                                   | 0           | 0                   | 45,600              |
| Bonds                          | 252,836                                  | 0           | 0                   | 252,836             |
| Other Investments              | 191,561                                  | 0           | 0                   | 191,561             |
| Corporate bonds                | 76,588                                   | 0           | 0                   | 76,588              |
| Annuities                      | <u>0</u>                                 | <u>0</u>    | <u>1,042,407</u>    | <u>1,042,407</u>    |
| Total assets at fair value     | <u>\$ 1,496,988</u>                      | <u>\$ 0</u> | <u>\$ 1,042,407</u> | <u>\$ 2,539,395</u> |

**BLS TRUCKING, INC. PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2014 (AUDITED) and 2013 (COMPILED)**

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**NOTE H - FAIR VALUE MEASUREMENTS (Continued)**

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended June 30, 2014.

|                             | <u>Level 3 Assets</u><br><u>Annuities</u> |
|-----------------------------|-------------------------------------------|
| Balance - beginning of year | \$ 1,042,407                              |
| Investment income           | 26,869                                    |
| Sales and distributions     | <u>(273,101)</u>                          |
| Balance - end of year       | <u>\$ 796,175</u>                         |

**NOTE I - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE J - SUBSEQUENT EVENTS**

Subsequent events were evaluated through March 26, 2015, which is the date the financial statements were available to be issued.

**SUPPLEMENTARY  
INFORMATION**

**BLS TRUCKING, INC.**  
**PROFIT SHARING PLAN**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 31-1416094 / PLAN #001**  
**JUNE 30, 2014**

| IDENTITY OF ISSUE, BORROWER, LESSOR,<br>OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE,<br>RATE OF INTEREST, PAR, OR<br>MATURITY<br>VALUE/UNITS/SHARES | COST           | CURRENT<br>VALUE |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| ( b )                                                    | ( c )                                                                                                                | ( d )          | ( e )            |
| <b>CASH AND CASH EQUIVALENTS</b>                         |                                                                                                                      |                |                  |
| PRIME FUND CAPITAL RESERVES CLASS                        | 80,869 Shares                                                                                                        | \$ 80,869      | \$ 80,869        |
| FIDELITY CASH RESERVES                                   | 15,596 Shares                                                                                                        | 15,596         | 15,596           |
| <b>Total Cash and Cash Equivalents</b>                   |                                                                                                                      | <b>96,465</b>  | <b>96,465</b>    |
| <b>COMMON STOCK</b>                                      |                                                                                                                      |                |                  |
| CBS OUTDOOR AMERICAS INC COM USD                         | 243 Shares                                                                                                           | 7,275          | 7,941            |
| CEMEX S.A.B. DE C.V. SPON ADR REP 10 CPO                 | 1,594 Shares                                                                                                         | 19,954         | 21,089           |
| CREDIT SUISSE NASSAU ETN LKD TO CUSING                   | 893 Shares                                                                                                           | 27,261         | 31,916           |
| FIRST TR EXCHANGE TRADED FD VI NASDAQ                    | 818 Shares                                                                                                           | 20,734         | 21,661           |
| GLOBAL X FUNDS GLOBAL X HEDGE FD TOP EQ                  | 719 Shares                                                                                                           | 15,719         | 19,018           |
| GUGGENHEIM RAYMOND JAMES SB-1 EQUITY                     | 782 Shares                                                                                                           | 19,586         | 27,636           |
| GUGGENHEIM SPINOFF ETF                                   | 586 Shares                                                                                                           | 19,142         | 27,120           |
| GUGGENHEIM TF INSIDER SENTIMENT ETF                      | 530 Shares                                                                                                           | 19,732         | 26,293           |
| HUNTINGTON BANCSHARES INC COM                            | 2,334 Shares                                                                                                         | 20,656         | 22,266           |
| ICICI BANK LIMITED ADR EACH REPR 2 ORD                   | 197 Shares                                                                                                           | 10,213         | 9,830            |
| ISHARES MSCI JAPAN ETF                                   | 857 Shares                                                                                                           | 10,416         | 10,318           |
| ISHARES TRUST MSCI EUROPE FINANACIALS                    | 628 Shares                                                                                                           | 14,579         | 15,493           |
| MARKET VECTORS ETF TRUST SEMICONDUCTOR                   | 522 Shares                                                                                                           | 20,423         | 25,834           |
| MARKET VECTORS TR RUSSIA ETF                             | 403 Shares                                                                                                           | 10,152         | 10,611           |
| MICROSOFT CORP                                           | 535 Shares                                                                                                           | 20,218         | 22,310           |
| ODYSSEY MARINE EXPLORATION INC                           | 9,183 Shares                                                                                                         | 23,170         | 15,427           |
| POWERSHARES EXCHANGE TRADED FDS TST                      | 2,532 Shares                                                                                                         | 30,747         | 31,220           |
| PROSHARES SHORT MIDCAP 400 PROSHARES                     | 2,835 Shares                                                                                                         | 51,697         | 48,138           |
| PROSHARES SHORT MSCI EAFE FD                             | 1,136 Shares                                                                                                         | 36,938         | 35,670           |
| PROSHARES SHORT RUSSELL 2000 PROSHARES                   | 6,905 Shares                                                                                                         | 116,964        | 110,687          |
| PROSHARES SHORT S&P 500 PROSHARES                        | 1,239 Shares                                                                                                         | 31,126         | 28,943           |
| PROSHARES TR SHORT FTSE/XINHUA CHINA 25                  | 579 Shares                                                                                                           | 20,558         | 19,188           |
| PROSHARES TR SHORT 20+ YR TREASURY                       | 340 Shares                                                                                                           | 10,482         | 9,792            |
| SPDR SER TR S&P BK ETF                                   | 311 Shares                                                                                                           | 10,471         | 10,394           |
| STONEGATE BK FT LAUDERDALE FLA                           | 597 Shares                                                                                                           | 9,618          | 15,044           |
| WISDOMTREE TRUST JAPAN HEDGE EQT                         | 226 Shares                                                                                                           | 10,898         | 11,155           |
| WISDOMTREE TRUST JAPAN HEDGED REAL                       | 396 Shares                                                                                                           | 10,272         | 10,531           |
| YAMANA GOLD INC COM NPV ISIN                             | 2,861 Shares                                                                                                         | 25,256         | 23,517           |
| <b>Total Common Stock</b>                                |                                                                                                                      | <b>644,257</b> | <b>669,042</b>   |

**BLS TRUCKING, INC.**  
**PROFIT SHARING PLAN**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 31-1416094 / PLAN #001**  
**JUNE 30, 2014**

| IDENTITY OF ISSUE, BORROWER, LESSOR,<br>OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE,<br>RATE OF INTEREST, PAR, OR<br>MATURITY<br>VALUE/UNITS/SHARES | COST             | CURRENT<br>VALUE |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| (b)                                                      | (c)                                                                                                                  | (d)              | (e)              |
| <b>MUTUAL FUNDS</b>                                      |                                                                                                                      |                  |                  |
| ABSOLUTE OPPORTUNITY FUND INSTL                          | 941 Shares                                                                                                           | 10,703           | 10,606           |
| ASG GLOBAL ALTERNATIVES FUND Y                           | 1,494 Shares                                                                                                         | 16,168           | 16,852           |
| ASTON/RIVER ROAD INDEPENDENT VALUE N                     | 1,581 Shares                                                                                                         | 17,650           | 18,261           |
| ASTON/RIVER ROAD LONG SHORT FUND CL I                    | 1,330 Shares                                                                                                         | 15,480           | 15,678           |
| AVENUE CREDIT STRATEGIES INVESTOR                        | 2,727 Shares                                                                                                         | 30,615           | 32,430           |
| BARON EMERGING MARKETS FUND RETAIL                       | 2,120 Shares                                                                                                         | 25,283           | 26,526           |
| BOGLE SMALL CAP GROWTH INSTL                             | 967 Shares                                                                                                           | 24,752           | 36,159           |
| CLEARBRIDGE SMALL CAP GRW CL A                           | 1,105 Shares                                                                                                         | 30,080           | 30,897           |
| COLUMBIA DIVIDEND OPPORTUNITY CL A                       | 4,825 Shares                                                                                                         | 43,753           | 52,203           |
| COLUMBIA SELECT LRG CAP GROWTH CLASS A                   | 6,754 Shares                                                                                                         | 109,076          | 118,931          |
| DELAWARE VALUE FD CL A                                   | 5,849 Shares                                                                                                         | 81,215           | 102,598          |
| DOUBLELINE TOTAL RT BOND FD CL N                         | 4,676 Shares                                                                                                         | 51,155           | 51,389           |
| DRIEHAUS ACTIVE INCOME FUND                              | 2,143 Shares                                                                                                         | 23,098           | 22,994           |
| DRIEHAUS EVENT DRIVEN FUND                               | 1,456 Shares                                                                                                         | 16,147           | 16,103           |
| FORWARD EM CORPORATE DEBT FUND INVESTOR                  | 3,463 Shares                                                                                                         | 33,409           | 33,033           |
| JP MORGAN STRATEGIC INCOME OPPORT A                      | 1,931 Shares                                                                                                         | 22,928           | 22,925           |
| LISTED PRIVATE EQUITY CLASS A                            | 3,735 Shares                                                                                                         | 23,730           | 26,965           |
| LISTED PRIVATE EQUITY INSTL                              | 5,400 Shares                                                                                                         | 29,285           | 39,312           |
| MAINSTAY MARKETFIELD FUND CLASS I                        | 600 Shares                                                                                                           | 10,183           | 10,728           |
| MFS INTERNATIONAL VALUE FUND CL A                        | 2,123 Shares                                                                                                         | 63,383           | 75,487           |
| PIMCO TOTAL RETURN CLASS D                               | 1,930 Shares                                                                                                         | 20,983           | 21,176           |
| RIDGEMOUTH MID CAP VALUE EQUITY CL I                     | 4,681 Shares                                                                                                         | 63,563           | 70,069           |
| RIVERNORTH CORE OPPORTUNITY FUND                         | 5,728 Shares                                                                                                         | 69,929           | 76,523           |
| RIVERPARK STRATEGIC INCOME FUND RETAIL                   | 2,676 Shares                                                                                                         | 27,480           | 27,852           |
| RS GLOBAL NATURAL RESOURCES CL A                         | 710 Shares                                                                                                           | 26,283           | 27,462           |
| SPARTAN 500 INDEX FD ADVANTAGE CLASS                     | 1,146 Shares                                                                                                         | 64,060           | 80,017           |
| T ROWE PRICE GROWTH STOCK ADVISOR CL                     | 2,141 Shares                                                                                                         | 91,789           | 114,041          |
| T ROWE PRICE INTL STOCK ADVISOR CL                       | 2,900 Shares                                                                                                         | 44,440           | 49,879           |
| TCW RELATIVE VALUE DIVIDEND APPREC CL N                  | 6,187 Shares                                                                                                         | 84,997           | 104,437          |
| TOUCHSTONE FOCUSED CLASS A                               | 1,345 Shares                                                                                                         | 41,410           | 48,578           |
| UNDISCOVERED MANAGER BEHAVIORAL VAL CL A                 | 238 Shares                                                                                                           | 13,128           | 13,221           |
| WASATCH FRONTIER EMERGING SMALL CO'S                     | 17,694 Shares                                                                                                        | 51,072           | 58,213           |
| WASATCH INTERNATIONAL OPPORTUNITIES FD                   | 11,607 Shares                                                                                                        | 31,359           | 35,867           |
| WITHERSPOON MANAGED FUTURES STRATEGY I                   | 991 Shares                                                                                                           | 9,798            | 9,304            |
| <b>Total Mutual Funds</b>                                |                                                                                                                      | <b>1,318,384</b> | <b>1,496,715</b> |

**BLS TRUCKING, INC.**  
**PROFIT SHARING PLAN**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 31-1416094 / PLAN #001**  
**JUNE 30, 2014**

| IDENTITY OF ISSUE, BORROWER, LESSOR,<br>OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE,<br>RATE OF INTEREST, PAR, OR<br>MATURITY<br>VALUE/UNITS/SHARES | COST                | CURRENT<br>VALUE    |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| ( b )                                                    | ( c )                                                                                                                | ( d )               | ( e )               |
| <b>BONDS</b>                                             |                                                                                                                      |                     |                     |
| DOUBLELINE TOTAL RETURN BOND FD CL I                     | 3,297 Shares                                                                                                         | 36,895              | 36,233              |
| RIVERPARK SHORT TERM HIGH YIELD INSTL                    | 1,438 Shares                                                                                                         | 14,405              | 14,392              |
| RIVERPARK STRATEGIC INCOME FUND INSTL                    | 1,962 Shares                                                                                                         | 20,460              | 20,421              |
| <b>Total Bonds</b>                                       |                                                                                                                      | <b>71,760</b>       | <b>71,046</b>       |
| <b>PROPERTY TRUST</b>                                    |                                                                                                                      |                     |                     |
| STARWOOD PPTY TR INC COM                                 | 836 Shares                                                                                                           | 20,566              | 19,872              |
| <b>Total Property Trust</b>                              |                                                                                                                      | <b>20,566</b>       | <b>19,872</b>       |
| <b>ANNUITY</b>                                           |                                                                                                                      |                     |                     |
| INTEGRITY ANNUITY                                        | Matures 9/27/2015, 3.00% interest                                                                                    | 796,175             | 796,175             |
| <b>Total Annuity</b>                                     |                                                                                                                      | <b>796,175</b>      | <b>796,175</b>      |
| <b>TOTAL INVESTMENTS</b>                                 |                                                                                                                      | <b>\$ 2,947,607</b> | <b>\$ 3,149,315</b> |

Column (a) has been omitted because it is not applicable.