Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- [ ] a one-participant plan
- [ ] a foreign plan

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DIMERCO EXPRESS USA CORPORATION 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
DIMERCO EXPRESS U.S.A. CORP.

955 DILLON DR.
WOOD DALE, IL 60191

2b Employer Identification Number (EIN) 95-3173161

2c Sponsor's telephone number 630-592-4388

2d Business code (see instructions) 488510

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	120
b Total number of participants at the end of the plan year	**5b**	112
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	93
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	66
d(2) Total number of active participants at the end of the plan year	**5d(2)**	74
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	10

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2015	CATHY CHOU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number (optional)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	6471719	6995282
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	6471719	6995282
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	69779	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	7196	
b Other income (loss)	8b	826719	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		903694
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	374962	
e Certain deemed and/or corrective distributions (see instructions)	8e	4762	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	407	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		380131
i Net income (loss) (subtract line 8h from line 8c)	8i		523563
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		77466
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... [ ] Yes [ ] No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a**

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. [ ] Yes [X] No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. ..... Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN
DIMERCO EXPRESS USA CORPORATION 40	753182674

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ►Dimerco Express USA Corporation 401(k) Retirer
Employer Identification Number (EIN): ►95-3173161 Three-digit plan number: ►001
For the plan year beginning/ending: ►01/01/2014 - 12/31/2014

(a) Identity of party involved	**(b)**Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
DIMERCO EXPRESS U.S.A. CORP.	BLACKROCK LIFEPATH INDX 2025 A	546,064				546,064		

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Dimerco Express USA Corporation 401(k) Retirement Plan

Employer Identification Number: ▶ 95-3173161

For plan year (beginning/ending): ▶ 01/01/2014 to 12/31/2014 Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	LOAN FUND	OTHER LOANS 4.75% - 8.25%	N/A	88,631
	ALGER CAPITAL APPRECIATION	VALUE OF INT IN REGIST INVEST CO	N/A	42,575
	AMERICAN FUNDS AMER BALANCED	VALUE OF INT IN REGIST INVEST CO	N/A	818,947
	AMERICAN FUNDS BOND FUND AM	VALUE OF INT IN REGIST INVEST CO	N/A	90,520
	AMERICAN FUNDS CAP INC BLDR	VALUE OF INT IN REGIST INVEST CO	N/A	206,561
	AMERICAN FUNDS CAP WLD GR&IN	VALUE OF INT IN REGIST INVEST CO	N/A	667,846
	AMERICAN FUNDS EUROPACIFIC	VALUE OF INT IN REGIST INVEST CO	N/A	524,937
	AMERICAN FUNDS GROWTH FUND	VALUE OF INT IN REGIST INVEST CO	N/A	1,089,256
	AMERICAN FUNDS INTER BOND FD	VALUE OF INT IN REGIST INVEST CO	N/A	66,487
	AMERICAN FUNDS MONEY MKT	VALUE OF INT IN REGIST INVEST CO	N/A	4,803
	AMERICAN FUNDS AMER MUTUAL	VALUE OF INT IN REGIST INVEST CO	N/A	260,936
	AMERICAN FUNDS US GOVT SECUR	VALUE OF INT IN REGIST INVEST CO	N/A	135,642
	AMERICAN FUNDS WASH MUTUAL	VALUE OF INT IN REGIST INVEST CO	N/A	182,686
	BLACKROCK LIFEPATH INDX 2020	VALUE OF INT IN REGIST INVEST CO	N/A	21,003
	BLACKROCK LIFEPATH INDX 2025	VALUE OF INT IN REGIST INVEST CO	N/A	578,231
	BLACKROCK LIFEPATH INDX 2030	VALUE OF INT IN REGIST INVEST CO	N/A	27,359
	BLACKROCK LIFEPATH INDX 2035	VALUE OF INT IN REGIST INVEST CO	N/A	102,920
	BLACKROCK LIFEPATH INDX 2040	VALUE OF INT IN REGIST INVEST CO	N/A	11,300
	BLACKROCK LIFEPATH INDX 2045	VALUE OF INT IN REGIST INVEST CO	N/A	55,261
	BLACKROCK LIFEPATH INDX 2050	VALUE OF INT IN REGIST INVEST CO	N/A	38,445
	BLACKROCK LIFEPATH INDX 2055	VALUE OF INT IN REGIST INVEST CO	N/A	35,808
	BLACKROCK SP 500 STOCK	VALUE OF INT IN REGIST INVEST CO	N/A	119,947
	INV MID CAP CORE EQUITY	VALUE OF INT IN REGIST INVEST CO	N/A	186,693
	INV SMALL CAP VALUE	VALUE OF INT IN REGIST INVEST CO	N/A	338,394
	LORD ABBETT MID CAP STOCK	VALUE OF INT IN REGIST INVEST CO	N/A	454,844
	THORNBURG VALUE	VALUE OF INT IN REGIST INVEST CO	N/A	630,656
	CUNA MUTUAL GUARNTD ACOUNT	VALUE OF FUNDS HELD IN INSUR CO	N/A	214,595