# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NUSSBAUM TRANSPORTATION SERVICES, INC. 401(K) PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/2006

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

19336 NORTH 1425 EAST ROAD
HUDSON, IL 61748

**2b** Employer Identification Number (EIN)
37-0814342

**2c** Plan Sponsor's telephone number
309-452-4426

**2d** Business code (see instructions)
484120

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/24/2015 | WILLIAM WETTSTEIN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/24/2015 | WILLIAM WETTSTEIN |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4c** | PN |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 301 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 274 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 334 |
| **b** | Retired or separated participants receiving benefits | **6b** | 7 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 38 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 379 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 379 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 230 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 25 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
NUSSBAUM TRANSPORTATION SERVICES, INC. 401(K) PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
NUSSBAUM TRANSPORTATION SERVICES, INC.

**D** Employer Identification Number (EIN)
37-0814342

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** 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

JOHN HANCOCK LIFE INSURANCE COMPANY, U.S.A.

| (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 |
| 01-0233346 | 65838 | 46715 | 230 | 01/01/2014 | 12/31/2014 |

**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 |
|---|---|
| 10880 | 1670 |

**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

VALMARK SECURITIES, INC.
2315 EAST EMPIRE STREET, SUITE 2
BLOOMINGTON, IL 61704

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 8615 | | | 7 |

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

STRIEGEL KNOBLOCH & COMPANY, L.L.C.
115 WEST JEFFERSON STREET, STE. 200
BLOOMINGTON, IL 61701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 1670 | TPA COMPENSATION | 5 |

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

MERRILL LYNCH LIFE AGENCY
2205 EAST EMPIRE STREET
BLOOMINGTON, IL 61704

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 2265 | | | 5 |

**(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)** 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 | |
| | | | |

## 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** | 3774220 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ N/A - NO PREMIUMS PAID

| | | | |
|---|---|---|---|
| **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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | 266 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | | |
| | (6) Total additions | | | **7c(6)** | 0 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | **7d** | 266 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | 266 | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | | |
| | (5) Total deductions | | | **7e(5)** | 266 |
| **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: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **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 | | | **10b** | |

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. ▶

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2014**

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

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

**A** Name of plan
NUSSBAUM TRANSPORTATION SERVICES, INC. 401(K) PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
NUSSBAUM TRANSPORTATION SERVICES, INC.

**D** Employer Identification Number (EIN)
37-0814342

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2050 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11900 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 35681 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2040 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25144 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30640 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20223 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 38659 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRATEGY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 123582 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: U.S. EQUITY FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 16555 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 359609 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1199835 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 628089 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 374335 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 103609 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE SECURITIES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 16444 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6846 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL SMALL CAP FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8087 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3054 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2958 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16384 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2125 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCIENCE & TECHNOLOGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 646 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14425 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8717 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2289 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL CORE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3834 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5600 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412 |
|---|---|---|

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 497 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3165 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN BOND FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15196 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCIENCES | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15326 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40717 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7896 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4476 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13403 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 448 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9390 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1721 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 554 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26384 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8492 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26313 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15305 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27789 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9257 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 84197 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4123 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20028 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 361 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 434 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 752 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 373640 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBRIDGE AGGRESSIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 841 |

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1903 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| **c** EIN-PN 01-0233346-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
NUSSBAUM TRANSPORTATION SERVICES, INC. 401(K) PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
NUSSBAUM TRANSPORTATION SERVICES, INC.

**D** Employer Identification Number (EIN)
37-0814342

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 9877 | 11776 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 111190 | 137256 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3224659 | 3774220 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 266 | 0 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3345992 | 3923252 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3345992 | 3923252 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 137256 | |
| | **(B)** Participants | 2a(1)(B) | 501445 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 348827 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 987528 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 142309 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1129837 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 552577 | |
| **(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) | | 552577 |
| **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) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 552577 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 577260 |
| **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: HEINOLD-BANWART, LTD. **(2)** EIN: 37-1196235

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2014**

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

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

**A** Name of plan
NUSSBAUM TRANSPORTATION SERVICES, INC. 401(K) PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
NUSSBAUM TRANSPORTATION SERVICES, INC.

**D** Employer Identification Number (EIN)
37-0814342

## Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Heinold Banwart, Ltd.
Certified Public Accountants

Third Floor
201 Clock Tower Drive
East Peoria, IL 61611-2449

Tel (309) 694-4251
Fax (309) 694-4202
Web www.hbcpas.com

# INDEPENDENT AUDITORS' REPORT

To the Trustees
Nussbaum Transportation Services, Inc. 401(k) Plan & Trust
Hudson, Illinois

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Nussbaum Transportation Services, Inc. 401(k) Plan & Trust** (Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Hirnold Barnwart, Ltd.

September 17, 2015

# Nussbaum Transportation Services, Inc. 401(k) Plan & Trust

## Schedule of Assets Held for Investment Purposes at End of Year

## December 31, 2014

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Cash account | Cash | See (@) below | $ 11,776 |
| | General guaranteed account | Guaranteed (Conservative) | See (@) below | 0 |
| | JH Thru 2050 Active Strategy | P.S.A. (Target Date) | See (@) below | 11,900 |
| | JH Thru 2045 Active Strategy | P.S.A. (Target Date) | See (@) below | 35,681 |
| | JH Thru 2040 Active Strategy | P.S.A. (Target Date) | See (@) below | 25,144 |
| | JH Thru 2035 Active Strategy | P.S.A. (Target Date) | See (@) below | 30,640 |
| | JH Thru 2030 Active Strategy | P.S.A. (Target Date) | See (@) below | 20,223 |
| | JH Thru 2025 Active Strategy | P.S.A. (Target Date) | See (@) below | 38,659 |
| | JH Thru 2020 Active Strategy | P.S.A. (Target Date) | See (@) below | 123,582 |
| | John Hancock Lifestyle Aggressive | P.S.A. (Lifestyle Allocation) | See (@) below | 359,609 |
| | John Hancock Lifestyle Growth | P.S.A. (Lifestyle Allocation) | See (@) below | 1,199,835 |
| | John Hancock Lifestyle Balanced | P.S.A. (Lifestyle Allocation) | See (@) below | 628,089 |
| | John Hancock Lifestyle Moderate | P.S.A. (Lifestyle Allocation) | See (@) below | 374,335 |
| | John Hancock Lifestyle Conservative | P.S.A. (Lifestyle Allocation) | See (@) below | 103,609 |
| | Real Estate Securities Fund | P.S.A. (Aggressive Growth) | See (@) below | 16,444 |
| | Natural Resources Fund | P.S.A. (Aggressive Growth) | See (@) below | 6,846 |
| | DFA Emerging Markets Value | P.S.A. (Aggressive Growth) | See (@) below | 9,390 |
| | International Small Cap Fund | P.S.A. (Aggressive Growth) | See (@) below | 8,087 |
| | Vanguard Energy Fund | P.S.A. (Aggressive Growth) | See (@) below | 3,054 |
| | DFA International Value | P.S.A. (Aggressive Growth) | See (@) below | 1,721 |
| | International Value Fund | P.S.A. (Aggressive Growth) | See (@) below | 2,958 |
| | Mid Cap Stock Fund | P.S.A. (Aggressive Growth) | See (@) below | 16,384 |
| | T. Rowe Price Science & Technology | P.S.A. (Aggressive Growth) | See (@) below | 646 |
| | DFA U.S. Small Cap Fund | P.S.A. (Aggressive Growth) | See (@) below | 14,425 |
| | Vanguard Small Cap Growth Index | P.S.A. (Aggressive Growth) | See (@) below | 8,717 |
| | International Equity Index Fund | P.S.A. (Aggressive Growth) | See (@) below | 2,289 |
| | International Core Fund | P.S.A. (Aggressive Growth) | See (@) below | 3,834 |
| | Science & Technology Fund | P.S.A. (Aggressive Growth) | See (@) below | 5,600 |
| | Financial Industries Fund | P.S.A. (Aggressive Growth) | See (@) below | 412 |
| | American Century Heritage | P.S.A. (Aggressive Growth) | See (@) below | 554 |
| | Small Cap Growth Fund | P.S.A. (Aggressive Growth) | See (@) below | 27,789 |
| | Invesco Small Cap Growth | P.S.A. (Aggressive Growth) | See (@) below | 3,165 |
| | EuroPacific Growth Fund | P.S.A. (Aggressive Growth) | See (@) below | 412 |
| | T. Rowe Price Health Sciences | P.S.A. (Aggressive Growth) | See (@) below | 15,326 |
| | Legg Mason ClearBridge Aggressive | P.S.A. (Aggressive Growth) | See (@) below | 841 |
| | Small Cap Opportunities Fund | P.S.A. (Aggressive Growth) | See (@) below | 40,717 |
| | Oppenheimer Global | P.S.A. (Aggressive Growth) | See (@) below | 448 |
| | Templeton World | P.S.A. (Aggressive Growth) | See (@) below | 430 |
| | Small Company Value Fund | P.S.A. (Aggressive Growth) | See (@) below | 7,896 |
| | Vanguard Small Cap Value Index Fund | P.S.A. (Growth) | See (@) below | 146 |
| | Blue Chip Growth Fund | P.S.A. (Growth) | See (@) below | 4,476 |
| | Value Fund | P.S.A. (Growth) | See (@) below | 1,903 |
| | Small Cap Value Fund | P.S.A. (Growth) | See (@) below | 20,028 |
| | Fundamental All Cap Core Fund | P.S.A. (Growth) | See (@) below | 506 |
| | Capital Appreciation Fund | P.S.A. (Growth) | See (@) below | 2,125 |
| | Utilities Fund | P.S.A. (Growth) | See (@) below | 26,384 |
| | Total Stock Market Index Fund | P.S.A. (Growth) | See (@) below | 8,492 |
| | John Hancock Disciplined Fund | P.S.A. (Growth) | See (@) below | 497 |
| | The Growth Fund of America | P.S.A. (Growth) | See (@) below | 26,313 |
| | Davis New York Venture | P.S.A. (Growth) | See (@) below | 9,257 |
| | Equity Income Fund | P.S.A. (Growth & Income) | See (@) below | 15,305 |
| | Investment Company of America | P.S.A. (Growth & Income) | See (@) below | 8 |
| | Mutual Global Discovery Fund | P.S.A. (Growth & Income) | See (@) below | 8 |
| | 500 Index Fund | P.S.A. (Growth & Income) | See (@) below | 84,197 |
| | Washington Mutual Investors | P.S.A. (Growth & Income) | See (@) below | 4,123 |
| | U.S. Equity Fund | P.S.A. (Growth & Income) | See (@) below | 16,555 |
| | American Balanced Fund | P.S.A. (Growth & Income) | See (@) below | 752 |
| | BlackRock Global Allocation | P.S.A. (Growth & Income) | See (@) below | 13,403 |
| | High Yield Fund | P.S.A. (Income) | See (@) below | 15,196 |
| | Global Bond Fund | P.S.A. (Income) | See (@) below | 361 |
| | Real Return Bond Fund | P.S.A. (Income) | See (@) below | 420 |
| | PIMCO Global Bond | P.S.A. (Income) | See (@) below | 434 |
| | John Hancock Stable Value Fund | P.S.A. (Conservative) | See (@) below | 373,640 |
| | | | | $ 3,785,996 |

P.S.A. = Pooled Separate Account

(@) - Cost information has been omitted since all investments reflected on this schedule are maintained in an individual account plan in which all assets allocated to participants' accounts are self-directed for investment purposes.

# NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST

## FINANCIAL STATEMENTS

## YEARS ENDED DECEMBER 31, 2014 AND 2013

TABLE OF CONTENTS


| | Page Number |
|---|---|
| INDEPENDENT AUDITORS' REPORT | 1 |
| FINANCIAL STATEMENTS | |
| Statements of Net Assets Available for Benefits | 3 |
| Statements of Changes in Net Assets Available for Benefits | 4 |
| Notes to Financial Statements | 5 |
| SUPPLEMENTARY INFORMATION | |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 11 |

Heinold Banwart, Ltd.
Certified Public Accountants

Third Floor
201 Clock Tower Drive
East Peoria, IL 61611-2449

Tel (309) 694-4251
Fax (309) 694-4202
Web www.hbcpas.com

# INDEPENDENT AUDITORS' REPORT

To the Trustees
Nussbaum Transportation Services, Inc. 401(k) Plan & Trust
Hudson, Illinois

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Nussbaum Transportation Services, Inc. 401(k) Plan & Trust** (Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Hirnold Barnwart, Ltd.

September 17, 2015

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| ASSETS | | |
| Participant-directed | | |
| Deposits with insurance companies, at fair market value | | |
| Cash | $ 11,776 | $ 9,877 |
| Pooled separate accounts | 3,774,220 | 3,224,659 |
| Guaranteed investment contract | - | 266 |
| Receivables | | |
| Employer's contribution | 137,256 | 111,190 |
| Total assets | 3,923,252 | 3,345,992 |
| LIABILITIES | | |
| Accounts payable and other | - | - |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 3,923,252 | $ 3,345,992 |

See accompanying notes.

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | | |
| Change in value of deposits with insurance company | | |
| Interest and dividends | $ - | $ 1,981 |
| Net appreciation in fair value – pooled separate accounts | 142,309 | 492,535 |
| | 142,309 | 494,516 |
| Contributions | | |
| Employer's | 137,256 | 111,190 |
| Participants' | 501,445 | 399,681 |
| Participants' rollovers | 348,827 | 4,370 |
| Total contributions | 987,528 | 515,241 |
| Total additions | 1,129,837 | 1,009,757 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | | |
| Benefits paid to participants | 552,577 | 862,451 |
| NET INCREASE | 577,260 | 147,306 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 3,345,992 | 3,198,686 |
| End of year | $ 3,923,252 | $ 3,345,992 |

See accompanying notes.

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS

## NOTE 1. DESCRIPTION OF PLAN

The following description of the Nussbaum Transportation Services, Inc. 401(k) Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all employees of Nussbaum Transportation Services, Inc. as of his or her date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Participants may contribute up to 100 percent of their annual compensation, subject to certain Internal Revenue Code limitations. Participants may begin their contributions and make modifications to their contributions at any time during the year and terminate their contributions at their discretion. Nussbaum Transportation Services, Inc. may make matching contributions up to 50 percent of the amount of an eligible employee's salary deferral, up to 4 percent of his or her total compensation. Nussbaum Transportation Services, Inc. may also make a discretionary contribution that is allocated to eligible employees based upon total compensation. Employer contributions for the years ended December 31, 2014 and 2013, were $137,256 and $111,190, respectively.

### Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution (if any) and an allocation of Plan earnings. Allocations are based on the performance of the participants' individual investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on covered years of service. A covered year of service is any 12-month period ending on the Plan year-end. A participant becomes 20-percent vested after 1 year of service and vests 20 percent each year thereafter until 100-percent vested after 5 covered years of service. Additionally, participants become 100-percent vested upon early retirement age, death or disability.

### Payment of Benefits

On termination of service due to death, disability, or retirement, a participant account may be distributed in a lump sum payment.

Participant Loans

The Plan does not allow participant loans.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $11,776 and $9,877, respectively. These accounts may be used to reduce future employer contributions or pay administrative expenses of the Plan. Employer contributions were reduced by $12,015 and $9,052 from forfeited non-vested accounts in 2014 and 2013, respectively.

Plan Termination

Although it has not expressed any intent to do so, Nussbaum Transportation Services, Inc. has the right to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants become 100-percent vested in their accounts.

Tax Status

Effective January 1, 2010, the Plan was amended and restated and has adopted the Sungard Corbel LLC Volume Submitter Profit Sharing Plan with CODA. The Plan obtained its latest determination letter on March 31, 2008, 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 has been amended since its latest determination letter. It is the belief of the Trustees and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan files a federal informational return annually. Management believes the returns are no longer subject to examination for years prior to 2011.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

The Plan has entered into a deposit contract with John Hancock Life Insurance Company. As directed by the participants, the funds are invested in either a pooled separate account or in a general fixed account. 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.

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.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates based on management's knowledge and experience. Due to their prospective nature, actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 17, 2015, the date the financial statements were available to be issued.

## NOTE 3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian:

| | 2014 | 2013 |
|---|---|---|
| Deposits with insurance company, at market value | | |
| Cash | $ 11,776 | $ 9,877 |
| Pooled separate accounts | 3,774,220 | 3,224,659 |
| Guaranteed investment contracts | - | 266 |
| Change in market value of deposits with insurance company | 142,309 | 492,535 |
| Interest and dividends earned on deposits with insurance company | - | 1,981 |

## NOTE 4. DEPOSITS WITH INSURANCE COMPANY

The Plan has entered into a deposit contract with John Hancock Life Insurance Company (John Hancock). John Hancock, as directed by the Plan's participants, maintains the contributions in either a pooled separate account or in a general fixed account. The pooled separate account is credited with actual earnings on the underlying investments (units of participation in mutual funds). The general fixed account is credited with a guaranteed minimum interest rate under the terms of the guaranteed investment contract. Both accounts are charged for Plan withdrawals and administrative expenses incurred by John Hancock.

NOTE 5. INVESTMENTS

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

| | 2014 | 2013 |
|---|---|---|
| John Hancock Lifestyle Growth | $ 1,199,835 | $ 1,015,307 |
| John Hancock Lifestyle Aggressive | 359,609 | 242,850 |
| John Hancock Lifestyle Balanced | 628,089 | 541,482 |
| John Hancock Lifestyle Moderate | 374,335 | 195,317 |
| John Hancock Stable Value Fund | 373,640 | 505,176 |

NOTE 6. PLAN EXPENSES

For the years ended December 31, 2014 and 2013, Nussbaum Transportation Services, Inc. paid substantially all plan-related administrative costs, including administrative salaries, accounting and legal fees.

NOTE 7. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's transactions with parties-in-interest during the years ended December 31, 2014 and 2013, were as follows:

| Party-in-Interest | Description of Transactions | Amount |
|---|---|---|
| John Hancock Life Insurance Company | Plan custodian and investment manager | Investment earnings are reported net of expenses |
| Striegel Knobloch & Company, L.L.C. | Third-party administrator | Administrative fees paid by the Plan sponsor |
| Nussbaum Transportation Services, Inc. | Plan sponsor | Contributions of $137,256 and $111,190 made for 2014 and 2013, respectively |

NOTE 8. FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification (FASB ASC Topic 820) 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

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 December 31, 2014, from the prior year.

*Separate accounts with insurance companies:* Valued daily based on the number of shares of the respective underlying fund multiplied by the closing net asset value per share quoted by the fund.

*Guaranteed investment contract*: Contract is not fully benefit responsive and valued at the amount of actual contributions received (principal) plus a compound rate of interest based on the term of the contract. The rate is established on the first day of each calendar month.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

| Deposits with insurance companies | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Conservative funds | $ 373,640 | $ 373,640 | $ - | $ - |
| Lifestyle funds | 2,665,477 | 2,665,477 | - | - |
| Aggressive growth funds | 148,894 | 148,894 | - | - |
| Growth funds | 140,361 | 140,361 | - | - |
| Income funds | 16,411 | 16,411 | - | - |
| Growth and income funds | 143,608 | 143,608 | - | - |
| Target retirement funds | 285,829 | 285,829 | - | - |
| | $ 3,774,220 | $ 3,774,220 | $ - | $ - |

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

| Deposits with insurance companies | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Conservative funds | $ 505,176 | $ 505,176 | $ - | $ - |
| Lifestyle funds | 2,086,505 | 2,086,505 | - | - |
| Aggressive growth funds | 129,914 | 129,914 | - | - |
| Growth funds | 119,670 | 119,670 | - | - |
| Income funds | 18,643 | 18,643 | - | - |
| Growth and income funds | 112,295 | 112,295 | - | - |
| Target retirement funds | 252,456 | 252,456 | - | - |
| Guaranteed investment contract | 266 | 266 | - | - |
| | $ 3,224,925 | $ 3,224,925 | $ - | $ - |

## NOTE 9. SUBSEQUENT EVENTS

Effective January 1, 2015, the Plan was restated and amended to change the matching contribution formula. The Company will make matching contributions of 50 percent of the participant's elective deferral, up to 6 percent of his or her total compensation. In addition, the Plan was amended effective August 1, 2015, to allow in-plan Roth transfers. The Plan also changed its custodian from John Hancock Life Insurance Company to Lincoln Financial Group effective April 1, 2015.

SUPPLEMENTARY INFORMATION

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
F.E.I.N. 37-0814342 Plan No. 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 |
|---|---|---|---|---|
| * | John Hancock Life Insurance Company | Fixed Funds<br>Cash | $ 11,776 | $ 11,776 |
| * | John Hancock Life Insurance Company | Equity Funds<br>Retirement Living at 2020<br>8,534.251417 units | 108,833 | 123,582 |
| | | Retirement Living at 2025<br>2,668.427984 units | 32,982 | 38,659 |
| | | Retirement Living at 2030<br>1,390.593623 units | 18,341 | 20,223 |
| | | Retirement Living at 2035<br>2,055.515587 units | 27,617 | 30,640 |
| | | Retirement Living at 2040<br>1,694.607198 units | 22,023 | 25,144 |
| | | Retirement Living at 2045<br>2,410.798196 units | 32,110 | 35,681 |
| | | Retirement Living at 2050<br>905.545621 units | 11,838 | 11,900 |
| | | JH Lifestyle Conservative<br>5,303.408469 units | 134,762 | 103,609 |
| | | JH Lifestyle Moderate<br>18,779.856730 units | 471,666 | 374,335 |
| | | JH Lifestyle Growth<br>56,199.358648 units | 1,404,555 | 1,199,835 |
| | | JH Lifestyle Aggressive<br>17,586.413547 units | 421,417 | 359,609 |
| | | JH Lifestyle Balanced<br>30,107.405579 units | 780,543 | 628,089 |
| | | JH Stable Value Fund<br>317,062.937027 units | 380,284 | 373,640 |
| | | PIMCO Global Bond<br>29.860584 units | 490 | 434 |

*Indicates party-in-interest

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
F.E.I.N. 37-0814342 Plan No. 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 |
|---|---|---|---|---|
| | | Equity Funds (continued) | | |
| | | Global Bond Fund | | |
| | | 16.993034 units | $ 396 | $ 361 |
| | | Washington Mutual Investors | | |
| | | 74.421448 units | 3,471 | 4,123 |
| | | 500 Index Fund | | |
| | | 4,207.195690 units | 134,239 | 84,197 |
| | | Davis NY Venture | | |
| | | 170.973844 units | 9,057 | 9,257 |
| | | Equity Income Fund | | |
| | | 535.572653 units | 15,949 | 15,305 |
| | | The Growth Fund of America | | |
| | | 490.513108 units | 21,179 | 26,313 |
| | | Total Stock Market Index Fund | | |
| | | 384.261546 units | 6,660 | 8,492 |
| | | Utilities Fund | | |
| | | 937.210815 units | 24,392 | 26,384 |
| | | Templeton World | | |
| | | 16.955777 units | 529 | 430 |
| | | Oppenheimer Global | | |
| | | 4.322192 units | 449 | 448 |
| | | Blue Chip Growth Fund | | |
| | | 119.428101 units | 3,945 | 4,476 |
| | | Small Cap Value Fund | | |
| | | 512.511632 units | 17,358 | 20,028 |
| | | Small Co Value Fund | | |
| | | 189.099967 units | 6,731 | 7,896 |
| | | Small Cap Opportunities Fund | | |
| | | 1,145.448254 units | 33,542 | 40,717 |
| | | T. Rowe Price Health Sciences | | |
| | | 161.975295 units | 11,572 | 15,326 |
| | | Legg Mason ClearBr Agg Growth | | |
| | | 3.720785 units | 824 | 841 |

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
F.E.I.N. 37-0814342 Plan No. 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 |
|---|---|---|---|---|
| | | Equity Funds (continued) | | |
| | | Europacific Growth Fund | | |
| | | 7.174163 units | $ 416 | $ 412 |
| | | Invesco Small Cap Growth | | |
| | | 54.174040 units | 2,975 | 3,165 |
| | | Financial Industries Fund | | |
| | | 18.003265 units | 390 | 412 |
| | | Science & Technology Fund | | |
| | | 204.741231 units | 4,592 | 5,600 |
| | | Intl Core Fund | | |
| | | 85.750615 units | 4,201 | 3,834 |
| | | Intl Equity Index Fund | | |
| | | 102.856020 units | 2,488 | 2,289 |
| | | Vanguard Small Cap Growth Index | | |
| | | 249.190689 units | 8,440 | 8,717 |
| | | DFA U.S. Small Cap Fund | | |
| | | 380.403318 units | 10,689 | 14,425 |
| | | T. Rowe Price Sci & Tech | | |
| | | 15.282212 units | 661 | 646 |
| | | Mid Cap Stock Fund | | |
| | | 553.367612 units | 12,866 | 16,384 |
| | | Intl Value Fund | | |
| | | 150.567720 units | 3,191 | 2,958 |
| | | Energy Fund | | |
| | | 39.955977 units | 3,750 | 3,054 |
| | | Intl Small Cap Fund | | |
| | | 316.044177 units | 8,601 | 8,087 |
| | | Natural Resources Fund | | |
| | | 243.807925 units | 9,572 | 6,846 |
| | | Real Estate Securities Fund | | |
| | | 597.599623 units | 17,965 | 16,444 |
| | | Real Return Bond Fund | | |
| | | 22.068320 units | 458 | 420 |

NUSSBAUM TRANSPORTATION SERVICES, INC. 401(k) PLAN & TRUST
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
F.E.I.N. 37-0814342 Plan No. 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 |
|---|---|---|---|---|
| | | Equity Funds (continued) | | |
| | | High Yield Fund | | |
| | | 881.154790 units | $ 18,371 | $ 15,196 |
| | | Blackrock Global Allocation | | |
| | | 525.383119 units | 13,555 | 13,403 |
| | | American Balanced Fund | | |
| | | 24.211884 units | 702 | 752 |
| | | Fundamental All Cap Core Fund | | |
| | | 17.578802 units | 469 | 506 |
| | | U.S. Equity Fund | | |
| | | 752.343528 units | 13,521 | 16,555 |
| | | Value Fund | | |
| | | 44.008234 units | 1,949 | 1,903 |
| | | Small Cap Growth Fund | | |
| | | 1,292.072085 units | 23,642 | 27,789 |
| | | American Century Heritage | | |
| | | 17.484313 units | 526 | 554 |
| | | DFA International Value | | |
| | | 78.013053 units | 1,696 | 1,721 |
| | | DFA Emerging Markets Value | | |
| | | 243.527002 units | 10,382 | 9,390 |
| | | Capital Appreciation Fund | | |
| | | 108.897893 units | 2,047 | 2,125 |
| | | JH Disciplined Value Fund | | |
| | | 21.766633 units | 418 | 497 |
| | | Mutual Global Discovery | | |
| | | 0.165298 units | 8 | 8 |
| | | Investment Company of America | | |
| | | 0.145680 units | 8 | 8 |
| | | Vanguard Small Cap Value Index | | |
| | | 5.155965 units | 140 | 146 |
| | | | $ 4,328,219 | $ 3,785,996 |